

# ACCOUNT CARD

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:

Member No:

Designate the ownership of the accounts and responsibility for the services requested.

Individual     Joint (G.S. 54-109.58): We  do  do not elect to create the right of survivorship in this account.

We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: (1) The Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have directed that withdrawals require more than one signature; and (2) If we elect to create the right of survivorship in the account, that upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

|                 |                                     |
|-----------------|-------------------------------------|
| Street:         | SSN/TIN:                            |
| City/State/Zip: | Driver's Lic. No:<br>Issue:<br>EXP: |
| Home Phone:     | Date of Birth:                      |
| Work Phone:     | Mobile Phone:                       |
| E-mail Address: | Membership Eligibility:             |
| Employer:       | Position:                           |

## ACCOUNT OWNERSHIP

|                     |                                     |
|---------------------|-------------------------------------|
| <b>Joint Owner:</b> | SSN/TIN:                            |
| Street:             | Driver's Lic. No:<br>Issue:<br>EXP: |
| City/State/Zip:     | Date of Birth:                      |
| Home Phone:         | Mobile Phone:                       |
| Work Phone:         | E-mail:                             |

|                     |                                     |
|---------------------|-------------------------------------|
| <b>Joint Owner:</b> | SSN/TIN:                            |
| Street:             | Driver's Lic. No:<br>Issue:<br>EXP: |
| City/State/Zip:     | Date of Birth:                      |
| Home Phone:         | Mobile Phone:                       |
| Work Phone:         | E-mail:                             |

## ACCOUNT DESIGNATIONS

**Payable on Death Account.** I/we understand that by establishing a Payable on Death account under the provisions of North Carolina General Statute 54-109.57A that: (1) during my/our lifetime I/we may withdraw the money in the account; and (2) by written direction to the Credit Union I/we individually or jointly, may change the beneficiary or beneficiaries; and (3) upon my/our death, the money remaining in the account will belong to the beneficiary or beneficiaries and the money will not be inherited by my (or our) heirs or be controlled by will.

All Accounts     Designate Specific Account(s)

|                                |                                |
|--------------------------------|--------------------------------|
| Beneficiary/POD Payee:         | Beneficiary/POD Payee:         |
| Street:                        | Street:                        |
| City/State/Zip:                | City/State/Zip:                |
| DOB:                      SSN: | DOB:                      SSN: |

**UTMA/UGMA** (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act)

Minor's SSN/TIN: \_\_\_\_\_                      Minor's Date of Birth: \_\_\_\_\_

**Personal Agency Account** I understand that by establishing a personal agency account under the provisions of N.C.G.S. 54-109.63 that the agent named in the account may (1) sign checks drawn on the account; and (2) make deposits into the account. I also understand that upon my death the money remaining in the account will be controlled by my will or inherited by my heirs.

**Agency** Name of Agent: \_\_\_\_\_ (please print)  
Signature: \_\_\_\_\_ (date)

All Accounts     Designate Specific Account(s)

**ACCOUNT TYPE**

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts unless the credit union is notified in writing of a change.

|   |               |  |               |
|---|---------------|--|---------------|
| <input type="checkbox"/> Share/Savings _____        | Suffix* _____ | <input type="checkbox"/> Money Market _____          | Suffix* _____ |
| <input type="checkbox"/> Share Draft/Checking _____ |               | <input type="checkbox"/> Living Trust _____          |               |
| <input type="checkbox"/> Share Certificate _____    |               | <input type="checkbox"/> Savings Club(s)/Other _____ |               |

\*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

**ACCOUNT SERVICES**

Payroll Deduction/Direct Deposit:

Zip 24:

Overdraft Protection (Indicate transfer priority):

|                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> ATM Card: | <input type="checkbox"/> Debit Card:                               |
| <input type="checkbox"/> eBranch:  | <input type="checkbox"/> eBill <input type="checkbox"/> eStatement |

Other:

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

*Under penalties of perjury, I certify that:*

- (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and*
- (2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- (3) *I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

**Certification Instructions.** Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

|                                  |  |
|----------------------------------|--|
| Exempt payee code (if any) _____ | Exemption from FATCA reporting code (if any) _____ |
|----------------------------------|--|

**AUTHORIZATION**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. If a joint account is requested, I/we agree to the survivorship designation on the "ACCOUNT OWNERSHIP" section. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

|                |           |       |      |                |           |       |      |
|----------------|-----------|-------|------|----------------|-----------|-------|------|
| <b>X</b> _____ | Signature | _____ | Date | <b>X</b> _____ | Signature | _____ | Date |
| <b>X</b> _____ | Signature | _____ | Date | <b>X</b> _____ | Signature | _____ | Date |

**Special Instructions:**

**FOR CREDIT UNION USE ONLY**

Date of Membership:

Credit Report

ATM/Debit Card

OFAC

Scan IDs

Scan Documents

**See Account Change Card**

Opened/App'd by:

Chexsystems

Zip 24

File

Make File

Member Verification:

PIN Request

eBranch

ODP

MDD