

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) _____
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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.**

X _____	Signature	_____	Date	X _____	Signature	_____	Date
X _____	Signature	_____	Date	X _____	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