

MEMBERSHIP/ACCOUNT AGREEMENT

You hereby apply for membership in the credit union and agree to conform to the bylaws and any amendments of the credit union, the terms and conditions of the share account and to pay the minimum deposit amount. You also agree to pay any charges or fees which may be required or assessed under such bylaws. Any account opened in more than one name shall be a joint account with rights of survivorship. If you have established a joint account, both owners agree to the terms and conditions of the share account. When returning this application by mail or fax an updated agreement will be created for your review and any updates that you may wish to make. We will supply you with a self addressed stamped envelope after your review and signature for your convenience.

Your Email Address:

Account #

[Empty input field for email address]

[Empty input field for account number]

Primary Account Owner

First Name

M. I.

Last Name

Mother's Maiden Name

[Empty input field for first name]

[Empty input field for M.I.]

[Empty input field for last name]

[Empty input field for mother's maiden name]

Address

City

State, Zip Code

[Empty input field for address]

[Empty input field for city]

[Empty input field for state/zip code]

Soc Sec # (TIN)

Driver's License Number

DL State

[Empty input field for soc sec #]

[Empty input field for driver's license number]

[Empty input field for dl state]

DOB: MM/DD/YYYY

Eligibility of Membership:

Occupation:

[Empty input field for DOB]

[Empty input field for eligibility]

[Empty input field for occupation]

Telephone Numbers:

Home:

Work:

Cell:

[Empty input field for home phone]

[Empty input field for work phone]

[Empty input field for cell phone]

Joint Account Owner

First Name

M. I.

Last Name

Social Security Number (TIN)

[Empty input field for first name]

[Empty input field for M.I.]

[Empty input field for last name]

[Empty input field for social security number]

Address

City

State, Zip Code

[Empty input field for address]

[Empty input field for city]

[Empty input field for state/zip code]

Home #:

Work #:

Cell #:

[Empty input field for home phone]

[Empty input field for work phone]

[Empty input field for cell phone]

D/L #:

D/L State:

DOB:

[Empty input field for D/L #]

[Empty input field for D/L state]

[Empty input field for DOB]

Occupation:

[Empty input field for occupation]

Joint Account Owner

First Name _____ M. I. _____ Last Name _____ Soc Sec Number (TIN) _____

Address _____ City _____ State, Zip Code _____

Home #: _____ Work #: _____ Cell #: _____

D/L #: _____ D/L State _____ DOB _____

Occupation : _____

Beneficiary Information:

First Name: _____ Last Name: _____ Relationship: _____

Address: _____ City: _____ State, Zip Code: _____

Soc Sec #: _____ Telephone: _____ Date: _____

Please Circle the following services or products you are interested in: **Share Draft/ Checking ATM/Visa Check Card Vacation Club Christmas Club IRAs Term Share Certificates Loan Account Service**

Tin Certification and Backup Withholding Information

Under Penalty of Perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number.
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 that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions: Check the box in front of 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. Check the box in front of item 3 and complete a W-8 BEN if you are not a U.S. person.

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

For Credit Union Use Only: Date of Membership _____ Approved by _____ Member Verification _____ Credit Report _____
Check Verify _____ OFAC Check _____