



# MEMBERSHIP AND ACCOUNT AGREEMENT

Account # \_\_\_\_\_

All terms, conditions, form of account ownership, and other information presented here apply to all of the accounts unless the credit union is notified in writing.

SHARE SAVINGS ACCOUNT     SAVER'S CLUB ACCOUNT     SHARE CERTIFICATE     OTHER \_\_\_\_\_

## INDIVIDUAL MEMBER/OWNER INFORMATION

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 STREET \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
 DRIVERS' LIC NO \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 SECURITY CODE \_\_\_\_\_ MEMBERSHIP ELIGIBILITY \_\_\_\_\_

**JOINT OWNER INFORMATION**    Elect One:     **JOINT WITH SURVIVORSHIP\***     **JOINT WITHOUT SURVIVORSHIP**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 STREET \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 DRIVERS' LIC NO \_\_\_\_\_  
 SECURITY CODE \_\_\_\_\_

\*If you elect to create the right of ownership in the account, that upon the death of one joint owner money remaining in the account belongs to the surviving joint owner and will not be inherited by the deceased joint owner or controlled by deceased joint owner's will

## **PAYABLE ON DEATH (POD) / TRUST ACCOUNT** (Optional)

All Accounts     Specific Account \_\_\_\_\_

BENEFICIARY NAME \_\_\_\_\_ BENEFICIARY NAME \_\_\_\_\_  
 STREET \_\_\_\_\_ STREET \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, by signing this account agreement I certify that the number on this form is my correct taxpayer identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject as a result of failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding     Exempt     I am not a United States citizen or resident (Complete a W-8 BEN form)

## AUTHORIZATION

By signing the application below, I / We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Schedule, 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 Agreement 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 and acknowledge receipt of the Electronic Funds Agreement. **The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.**

X Signature \_\_\_\_\_ Date \_\_\_\_\_

X Joint Signature \_\_\_\_\_ Date \_\_\_\_\_