

**MEMBER APPLICATION AND INFORMATION**

Name \_\_\_\_\_ Account # \_\_\_\_\_  
 Address \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
 \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Driver's Lic # \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Employment \_\_\_\_\_  
 Eligibility for Membership \_\_\_\_\_

**JOINT OWNER(S)**

Account Owner \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Driver's Lic # \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Account Owner \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Driver's Lic # \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**PAYABLE ON DEATH ACCOUNT DESIGNATION**

I hereby designate the person(s) named below, presently residing at the address(es) listed, as the P.O.D. payee(s) on this account and, as such, are entitled to all shares and deposits in said account to be equally divided at my death.

_____	_____
Name	Name
_____	_____
Address	Address

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN)/Taxpayer identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to back up withholding.

\_\_\_\_\_ I am subject to backup withholding \_\_\_\_\_ Exempt  
 \_\_\_\_\_ I am not a U.S. citizen or resident (complete W-8 form)

**AUTHORIZATION**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability 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 Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provided, I/we agree to the terms of acknowledge receipt of the Electronic Funds Transfer Agreement.

_____	_____	_____	_____
Signature	Date	Signature	Date
_____	_____	_____	_____
Signature	Date	Signature	Date