

# Master Membership Application

Member Number
---------------

Account Type(s):	<input type="checkbox"/> Savings (Required for membership)	<input type="checkbox"/> Checking	<input type="checkbox"/> Fresh Start Checking
	<input type="checkbox"/> Christmas Club	<input type="checkbox"/> Kids Club	
	<input type="checkbox"/> Regular Certificate	<input type="checkbox"/> Jumbo Certificate	<input type="checkbox"/> Special Certificate
Account Ownership:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Other _____

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account.

What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

**Primary Member Information:**  Member  Other \_\_\_\_\_ Are you a Non-Resident Alien?  Yes  No

Full Name (Required)		Social Security Number (Required)		Birthdate (Required)
Physical Address (Required)		City (Required)	State (Required)	Zip (Required)
Mailing Address (Required)		City (Required)	State (Required)	Zip (Required)
Primary Phone (Required)	Alternative Phone	Driver's License # (Required)	E-Mail Address	Mother's Maiden Name
Occupation	Employer Name			

**Joint Owner 1 Information:**  Joint Owner  Other \_\_\_\_\_

Full Name (Required)		Social Security Number (Required)		Birthdate (Required)
Physical Address (Required)		City (Required)	State (Required)	Zip (Required)
Mailing Address (Required)		City (Required)	State (Required)	Zip (Required)
Primary Phone (Required)	Alternative Phone	Driver's License # (Required)	E-Mail Address	Mother's Maiden Name
Occupation	Employer Name			

**Joint Owner 2 Information:**  Joint Owner  Other \_\_\_\_\_

Full Name (Required)		Social Security Number (Required)		Birthdate (Required)
Physical Address (Required)		City (Required)	State (Required)	Zip (Required)
Mailing Address (Required)		City (Required)	State (Required)	Zip (Required)
Primary Phone (Required)	Alternative Phone	Driver's License # (Required)	E-Mail Address	Mother's Maiden Name
Occupation	Employer Name			

**Payable on Death (POD) 1**  All Accounts  Designate Specific Accounts \_\_\_\_\_

Full Name		Social Security Number		Birthdate
Address		City	State	Zip

**Payable on Death (POD) 2**  All Accounts  Designate Specific Accounts \_\_\_\_\_

Full Name		Social Security Number		Birthdate
Address		City	State	Zip

## Taxpayer Identification Number 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
- (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 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; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
- (4) The FACTA code(s) entered on this form (if any) indicating I am exempt from FACTA 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.

We will be unable to open an Account for anyone without a taxpayer identification number

### For Checking Accounts

I would like a debit card issued for my new checking account

#### Select One

I want overdraft protection (If funds are available in my Savings account, transfer to checking to cover drafts, I will be charged a fee as set forth in the rate and fee schedule)

I **do not** want overdraft protection

### Signatures

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 an acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure.

**The Internal Revenue Service does not require your consent to any provision of this document other that the certifications required to avoid backup withholding.**

\_\_\_\_\_  
Primary Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner 2 Signature

\_\_\_\_\_  
Date

### Credit Union Use Only

Date of Membership \_\_\_\_\_ Opened/App'd by: \_\_\_\_\_ Member Verification: \_\_\_\_\_

Chex Systems Verified    Approved?  Yes  No

Primary Card # \_\_\_\_\_ Offset \_\_\_\_\_

Joint 1 Card # \_\_\_\_\_ Offset \_\_\_\_\_

Joint 2 Card # \_\_\_\_\_ Offset \_\_\_\_\_

Updated in:  FedComp  Elan

Additional Information: \_\_\_\_\_