



ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: _____

Member/Owner:

| | |
|---|-------------------------|
| Street: | SSN/TIN: |
| City/State/Zip: | Driver's Lic. No: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Date of Birth: |
| Work Phone: | Password: |
| E-mail: | Membership Eligibility: |
| Employer: | |

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Rights of Survivorship

| | |
|---|-------------------|
| Joint Owner: | SSN/TIN: |
| Street: | Driver's Lic. No: |
| City/State/Zip: | Date of Birth: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Password: |
| Work Phone: | E-mail: |
| Joint Owner: | SSN/TIN: |
| Street: | Driver's Lic. No: |
| City/State/Zip: | Date of Birth: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Password: |
| Work Phone: | E-mail: |
| Joint Owner: | SSN/TIN: |
| Street: | Driver's Lic. No: |
| City/State/Zip: | Date of Birth: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Password: |
| Work Phone: | E-mail: |

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts Designate Specific Accounts _____

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____

Street: _____ Street: _____

City/State/Zip: _____ City/State/Zip: _____

MTML (as custodian for _____ (minor) under the Missouri Transfers to Minors Law)

Minor's SSN/TIN: _____

Agency Print Name of Agent: _____ Date: _____

Signature: _____

Personal Custodian Account (as custodian for _____).

All Accounts Designate Specific Accounts _____

Other: _____ See Account Authorization Card

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 listed unless the Credit Union is notified in writing of a change.

| | |
|---|--|
| Suffix | Suffix |
| <input type="checkbox"/> Share/Savings: _____ | <input type="checkbox"/> Money Market: _____ |
| <input type="checkbox"/> Share Draft/Checking: _____ | <input type="checkbox"/> HSA: _____ |
| <input type="checkbox"/> Share Certificate/Certificate: _____ | <input type="checkbox"/> Other: _____ |

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. 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:
- Audio Response:
- Overdraft Protection (Indicate transfer priority.):
- ATM Card: Debit Card:
- PC Access/Internet Banking:
- 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).*

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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

X

Signature _____ Date _____

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 have received and read 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. *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 _____

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership:

Opened/App'd by:

Member Verification:

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking