

Member Services Request

Important Information About Opening a New Account. To help our 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 when opening a new account. What does this mean for you? **When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.**

MEMBER/OWNER INFORMATION

		Member No.	
Member/Owner Name:		SSN/TIN:	
Street:		ID Type (Driver's Lic.):	
City/State/Zip:		ID Number (License No.):	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		ID Issuing State:	ID Issuing Date:
Work Phone:		ID Exp. Date:	Date of Birth:
Cell Phone:		Password:	
E-Mail:		Membership Eligibility:	
Employer:			

ELECTION OF SHARE OR DEPOSIT ACCOUNT TYPES AND SERVICES

All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change.

Account Type/Suffix

Share/Savings: # _____

Share Draft/Checking: # _____

Share Certificate/Certificate: # _____

Money Market: # _____

HSA: # _____

Account Services

Payroll Deduction/Direct Deposit Overdraft Protection (Indicate transfer priority.): _____

Audio Response _____

ATM Card Other: _____

PC Access/Internet Banking Other: _____

Debit Card Other: _____

The account number for each of the accounts listed consists of the suffix number added to the end of the Member Number. If this document applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT OWNERSHIP - Please complete this section if you desire joint owners on your share or deposit accounts.

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

Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

Joint Owner:		SSN/TIN:	
Street:		ID Type (Driver's Lic.):	
City/State/Zip:		ID Number (License No.):	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		ID Issuing State:	ID Issuing Date:
Work Phone: Cell Phone:		ID Exp. Date:	Date of Birth:
E-mail:		Password:	
Joint Owner:		SSN/TIN:	
Street:		ID Type (Driver's Lic.):	
City/State/Zip:		ID Number (License No.):	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		ID Issuing State:	ID Issuing Date:
Work Phone: Cell Phone:		ID Exp. Date:	Date of Birth:
E-mail:		Password:	

ACCOUNT DESIGNATIONS - Please complete this section if you desire any beneficiary or custodian on your share or deposit accounts.

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: _____

UTMA/UGMA (as custodian for _____ (minor)
under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: _____

Agency Name of Agent: _____
Signature: _____ Date: _____

All Accounts Designate Specific Accounts: _____

Other: See Account Authorization Card

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), (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 or 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. person (including a U.S. resident alien).

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.

REQUEST FOR CREDIT - Married applicants may apply for a separate account.

Individual Credit: Complete the "APPLICANT" section about yourself. Complete "OTHER" information about your spouse if: 1) you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI); or 2) your spouse will use the account; or 3) you are relying on your spouse's income for repayment.

Joint Credit: Complete "APPLICANT" and "CO-APPLICANT" sections. Each Applicant must individually complete each section.

Credit Card Account: By checking the box for a credit card account, you are requesting a credit card at this time. There are costs associated with the use of the card. To obtain information about these costs, contact us at the address/phone number on the first page.

Line-of-Credit and/or Overdraft Protection Account: By checking the box for the Line-of-Credit and/or Overdraft Protection, you are opening a credit plan even if you are not receiving an advance today.

APPLICANT

Name: _____

Complete for joint credit, secured credit, or if you live in a community property state:

Married Separated Unmarried (Single - Divorced - Widowed)

I request the following loan accounts.

Credit Card Account Credit Limit Requested: \$ _____
 Line of Credit Overdraft Protection

Housing Status: Rent Own Monthly Payment: \$ _____

Years at Residence: _____ Mortgage Balance: \$ _____

Interest Rate: _____ % Check if Self-Employed

Name and _____

Address of _____

Employer: _____

Start Date: _____ *Monthly Gross Income: \$ _____

*NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

OTHER: CO-APPLICANT SPOUSE Check all that apply.

Name: _____

Complete for joint credit, secured credit, or if you live in a community property state:

Married Separated Unmarried (Single - Divorced - Widowed)

I request the following loan accounts.

Credit Card Account Credit Limit Requested: \$ _____
 Line of Credit Overdraft Protection

Housing Status: Rent Own Monthly Payment: \$ _____

Years at Residence: _____ Mortgage Balance: \$ _____

Interest Rate: _____ % Check if Self-Employed

Name and _____

Address of _____

Employer: _____

Start Date: _____ *Monthly Gross Income: \$ _____

STATE LAW NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the credit union

unless the credit union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

X
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

ACKNOWLEDGMENTS

Credit Report Authorization: By signing below you authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension or collection of credit you receive. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.

For Account and/or Account Service Requests: By signing below you acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice, and to any amendments to these documents that the Credit Union may make from time to time.

For Credit Requests: For LOANLINER®Credit Card - By signing below you

acknowledge that you have received and agree to the terms and conditions contained in the LOANLINER®Credit Card Agreement and Credit Card Account Opening Disclosure and to any amendments that may be made from time to time; you understand that the use of any credit card you receive will constitute acknowledgment of receipt and agreement to the terms of the Credit Union's Credit Card Agreement and Credit Card Account Opening Disclosure; and you grant the Credit Union a security interest in all share and/or deposit accounts that you own now and in the future to secure what you owe under the LOANLINER®Credit Card Agreement and Credit Card Account Opening Disclosure. When you are in default, you authorize the Credit Union to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

For Overdraft/Line of Credit - If an overdraft/line of credit loan account is requested and provided, you acknowledge receipt of and agree to the terms of the Overdraft Loan Agreement and Truth-in-Lending 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/Approved By: _____ Member Verification: _____

Verification Completion Date: _____ By: _____

Government List(s) Checked: Treasury CIP List OFAC Other: _____

List Verification Completion Date: _____ By: _____

Credit Report Check Verify PIN Request
 Access Card Audio Response PC Access/Internet Banking