

Account Number:

Draft Number:

Telecheck

Member Application Information

Member Name:

Email:

Date of Birth:

Driver's Lic No:

SSN:

Home Phone:

Street:

Work Phone:

City:

Cell Phone:

State:

Employer:

Zip:

Eligibility:

Additional Account Ownership

Personal/Individual Personal/Joint Organizational POD Share Draft

Name:

Email:

Date of Birth:

Driver's Lic No:

SSN:

Home Phone:

Street:

Work Phone:

City:

Cell Phone:

State:

Employer:

Zip:

Eligibility:

Additional Account Ownership

Personal/Individual Personal/Joint Organizational POD Share Draft

Name:

Email:

Date of Birth:

Driver's Lic No:

SSN:

Home Phone:

Street:

Work Phone:

City:

Cell Phone:

State:

Employer:

Zip:

Eligibility:

Additional Account Ownership

Personal/Individual Personal/Joint Organizational POD Share Draft

Name:	Email:
Date of Birth:	Driver's Lic No:
SSN:	Home Phone:
Street:	Work Phone:
City:	Cell Phone:
State:	Employer:
Zip:	Eligibility:

Additional Account Ownership

Personal/Individual Personal/Joint Organizational POD Share Draft

Name:	Email:
Date of Birth:	Driver's Lic No:
SSN:	Home Phone:
Street:	Work Phone:
City:	Cell Phone:
State:	Employer:
Zip:	Eligibility:

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

Share/Savings Money Market
 Share Draft / Checking Other
 Share Certificate / Certificate

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" section. If this Card applies to more than on account of the same type, more than one suffix will be listed for that account type.

Account Services

- Payroll Deduction
- Audio Response
- Overdraft Protection
- Credit Card
- Debit Card
- Home Banking
- Other

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 acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. The internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Print Name _____ Date _____ Signature _____ Date _____

Print Name _____ Date _____ Signature _____ Date _____

Print Name _____ Date _____ Signature _____ Date _____

Print Name _____ Date _____ Signature _____ Date _____

Print Name _____ Date _____ Signature _____ Date _____

Credit Union use only

- | | |
|-----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Date of Membership | <input type="checkbox"/> OFAC Check |
| <input type="checkbox"/> Date of Verification | <input type="checkbox"/> Fincen Check |
| <input type="checkbox"/> Pin Request | <input type="checkbox"/> Credit Pull |
| <input type="checkbox"/> Audio Response | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> Home Banking | <input type="checkbox"/> Credit Card |