

Member Application and Information

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 your name, address, date of birth and other information that will help us to identify you. We may also ask to see your driver's license and other identifying documents.

Member Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Employment _____

Eligibility for Membership _____

SSN/TIN _____

Driver's Lic. No. _____ Date of Birth _____

Mother's Maiden Name _____



Account Type

Share/Savings Term Share Certificate Holiday Savings Vacation Savings Share Draft Checking Other _____

TIN Certification and Backup Withholding

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 because I have not been notified that I am 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 backup withholding.

I am subject to backup withholding Exempt I am not a United States Citizen or resident (complete W-8 form)

Electronic Services

Email Address _____

Occasionally we may utilize our email list to offer products and services we believe would interest our membership. If you do not want to receive correspondence and/or information via email or direct mail, please check here.

Other Owner Information Joint Beneficiary

Name _____

SSN/TIN _____

Address _____

Driver's Lic. No. _____ Date of Birth _____

Home Phone _____ Work Phone _____

Mother's Maiden Name _____

Other Owner Information Joint Beneficiary

Name _____

SSN/TIN _____

Address _____

Driver's Lic. No. _____ Date of Birth _____

Home Phone _____ Work Phone _____

Mother's Maiden Name _____

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 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 Agreement and disclosures applicable to the accounts and services requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provisions of this document other than the certificates require to avoid backup withholding.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

For Credit Union Use Only:

Membership #: _____

Date of membership: _____

Open by: _____



Federally insured
by NCUA.



We Do Business in Accordance with the
Federal Fair Housing Law and the
Equal Credit Opportunity Act