



Membership Application

Account No. _____

Primary Member's Name		Street Address		
City, State, ZIP		How Long at Address?	Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent	Payment \$
Home Phone No.	Mobile Phone No.	Work Phone No.	Email Address	
Date of Birth	Driver's License No.	SSN	Mother's Maiden Name	
Employer Name	Position	Start Date	Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Annual	
Preferred Contact Method Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Direct Mail				

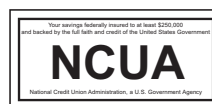
Joint Member's Name		Street Address		
City, State, ZIP		How Long at Address?	Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent	Payment \$
Home Phone No.	Mobile Phone No.	Work Phone No.	Email Address	
Date of Birth	Driver's License No.	SSN	Mother's Maiden Name	
Employer Name	Position	Start Date	Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Annual	

Joint Member's Name		Street Address		
City, State, ZIP		How Long at Address?	Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent	Payment \$
Home Phone No.	Mobile Phone No.	Work Phone No.	Email Address	
Date of Birth	Driver's License No.	SSN	Mother's Maiden Name	
Employer Name	Position	Start Date	Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Annual	

Designation of Beneficiaries

In case of death of the primary member and joint owner(s), complete the following section to designate beneficiaries for this account.

Beneficiary 1 Name	Street Address		SSN
City, State, ZIP	Phone No.	Date of Birth	Percentage of Benefit
Beneficiary 2 Name	Street Address		SSN
City, State, ZIP	Phone No.	Date of Birth	Percentage of Benefit
Beneficiary 3 Name	Street Address		SSN
City, State, ZIP	Phone No.	Date of Birth	Percentage of Benefit



Requested Services

Account No. _____

Primary Savings (Share)

ATM Card

Other Savings (Share): _____

Checking (type)

Essential Checking

Classic Checking

Platinum Checking

Debit Card Or ATM Card

Visa Platinum

Auto Loan

Personal Loan

Recreational Vehicle Loan

Other: _____

Mortgage

Home Equity Loan

Overdraft Protection: _____ Sequence _____

Overdraft from Savings _____

Overdraft Line of Credit _____

Overdraft Privilege _____

HELOC _____

Signature & Date

ACCOUNT TERMS AND CONDITIONS

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, (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 and 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 form if you are not a U.S. person.

ACCOUNT DISCLOSURES

By signing below, I/we request that the Credit Union open an account and agree to conform to its bylaws and/or any amendments hereto. I/we also agree to the following terms:

All sums paid into this account, as shares or deposits and all accumulations or benefits paid thereto, less any set-offs allowed by law, shall be paid to one or more of the parties to this account upon proper withdrawal demand. Joint tenants to this account will have ownership rights on all accounts excluding funds in IRA accounts. This is a survivorship account. All rights and interest of any party to this account cease at his or her death if any other party survives such death. The terms of this account cannot be changed without written permission of the Credit Union. Upon penalties of perjury, I certify that the information contained in the form is true, correct and complete. The parties signing below can access this account by separate signature. The Credit Union reserves the right to obtain a credit history on all parties prior to opening an account.

I/we understand that Debit Card, Teletone and other automated services are subject to the terms and conditions described in the Electronic Funds Transfer

Disclosure. Further, I/we understand that Teletone and Internet Banking access are issued automatically with all new accounts unless checked here.

By signing below, I/we also acknowledge that I/we are in receipt of the account disclosures, Funds Availability Disclosure, Electronic Funds Transaction Disclosure, Truth in Savings Brochure, Fee Schedule and Privacy Notice.

CHECKING ACCOUNT AGREEMENT

In exchange for the Credit Union opening a checking account in your name, you agree to the following terms and conditions:

The Credit Union is authorized to pay any person on this account

and/or to pay their checks, honor "Electronic Funds Transfer" (if any) and, if applicable, honor Visa-Checking Card sales checks or cash advance checks, and to charge same to the checking account. Other agreements relating to "Electronic Funds Transfers" and Visa-Checking Card transactions expand and amplify this agreement. It is further agreed that:

- (a) Only blank checks (and other methods) approved by the Credit Union may be used to make withdrawals from this account.
- (b) All non-cash payments received in this account will be credited subject to final payment.
- (c) The Credit Union is under no obligation to pay a check that exceeds the fully paid and collected share balance in this account. However, the Credit Union may, at its discretion, pay such a check. If the Credit Union does pay such a check, all parties on the account agree, jointly and severally, to immediately reimburse the Credit

Union, to an extent that such a check exceeds the share balance in this account. Such reimbursement may be in the manner as indicated above if the Credit Union has approved overdraft protection.

- (d) The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the check.
- (e) When paid, checks become the property of the Credit Union and shall not be returned either with the periodic statement of this account or otherwise. Copies of such checks will be provided, if requested, and the Credit Union may charge a fee for providing such copies.
- (f) Except for negligence by the Credit Union, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check.
- (g) Any objection to any item shown on a periodic statement of this account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.
- (h) The Credit Union may charge, as established by the Credit Union, for each stop payment order that is issued on a check drawn on this account. Such a charge may be deducted from this account if it is not paid when the related service is rendered. This account is also subject to other terms and conditions and service charges as the Credit Union may establish from time to time. The Credit Union may change the terms and conditions to this account, upon giving a 15-day written notice. Notice may be given by U.S. mail, first-class, postage prepaid, to your last known address, as reflected in the Credit Union's records.

Applicant Signature

Date

Joint Applicant Signature

Date

Joint Applicant Signature

Date

For Office Use Only

Signature Verified by _____

Date _____

Approved by Membership Officer _____

Date _____