



**ACCOUNT APPLICATION**

Account Number \_\_\_\_\_

Name \_\_\_\_\_

Membership Eligibility \_\_\_\_\_

Mailing Address (IF DIFFERENT FROM RESIDENTIAL) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residential Address (REQUIRED-NO EXCEPTIONS) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address 1 \_\_\_\_\_

E-Mail Address 2 \_\_\_\_\_

Social Security Number or Tax ID Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

D.L. # \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Student ID No. \_\_\_\_\_ School \_\_\_\_\_

Passport No. \_\_\_\_\_ Date \_\_\_\_\_ Country \_\_\_\_\_ Exp. Date \_\_\_\_\_

Employee ID No. \_\_\_\_\_ Employer \_\_\_\_\_

Other Document No. \_\_\_\_\_ Describe Document \_\_\_\_\_

Issuing Authority Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

**ACCOUNT TYPE:** CHECK BOX TO  OPEN OR  MODIFY ACCOUNT

- Share
- Share Draft (Select ONE Overdraft Protection Option Below.)
  - No overdraft protection.
  - Transfer from share (savings) account only to cover overdraft.
  - Advance from established signature line of credit loan to cover any overdraft.
  - Transfer from share account first, then signature line of credit to cover any overdraft.
  - Transfer from signature line of credit first, then share account to cover any overdraft.

- Christmas Club       Secondary       Certificate No. \_\_\_\_\_
- Money Market       Other \_\_\_\_\_

**DESIRED SERVICES:**

- ATM Card       VISA Check Card
  - You request that secondary card(s) be issued to your joint applicant(s)
- E-Branch       STAR
  - Cross Account Transfer - Available on STAR and E-Branch  
(You authorize cross account transfers from your account to the following accounts on which you are a joint owner.)
  - 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
  - 4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

**FOR CREDIT UNION USE**

This application approved by: Signature \_\_\_\_\_ Date \_\_\_\_\_

Membership Officer

**ACCOUNT OWNERSHIP**

SELECT ONE ownership type and complete information applicable to the option selected. The ownership type and beneficiaries specified on this document will remain the same for all of the owner's accounts. If account ownership is different, a separate application must be completed for each account opened.

1.  **Individual** (Member's estate upon death)

2.  **Designated Beneficiary** (Beneficiary's upon death of member)

Beneficiary Name	SS#	Address	Date of Birth
1.			
2.			
3.			
4.			

3.  **Joint Tenants with Right of Survivorship**

Joint Owner Signature	SS#	Address	Date of Birth
1.			
2.			
3.			
4.			

4.  **Joint Tenants with Right of Survivorship with Designated Beneficiary** (Beneficiary's upon death of all owners)

Joint Owner Signature	SS#	Address	Date of Birth
1.			
2.			
3.			
4.			

Beneficiary Name	SS#	Address	Date of Birth
1.			
2.			
3.			
4.			

5.  **Additional Authorized Signatory** (Member's estate upon death)

Authorized Signatory Signature	SS#	Address	Date of Birth
1.			
2.			
3.			
4.			

**TAXPAYER CERTIFICATION**

Taxes on dividend earnings will be reported under the Member's social security number. Check below if another designation is necessary. Under penalties of perjury, I certify by signing below (1) that the number shown is my correct social security number, (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding (if you have been notified that you are subject to backup withholding due to under reporting or have not been notified by the Internal Revenue Service that backup withholding has been terminated, you must strike out section (2) of the preceding sentence) and (3) I am a U.S. person (including a U.S. resident alien).

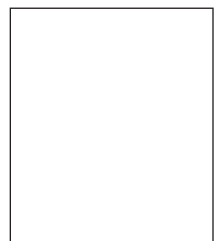
Tax Reporting Option if Other Than Member:

Joint Owner 1 \_\_\_\_\_ Joint Owner 2 \_\_\_\_\_ Date \_\_\_\_\_

I authorize the credit union to obtain credit reports in connection with this application and for any update, renewal or extension of credit or service. At my request, the credit union will tell me the name and address of any credit bureau from which it received a credit report on me. I understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions insured by NCUA. I also hereby agree to the terms disclosed in the Member Service Guide that will be delivered to me upon credit union receipt of this application. I understand and agree to the terms and conditions of any account or service that I have with the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time without notice, except as required by law. Excluding real estate loans, I (we) hereby pledge all paid shares and deposits and payments thereon, which I (we) now have or hereafter may have in the credit union to the extent of all my (our) unpaid balances due the credit union. In case of default on a loan or other sums owing to the credit union, I (we) hereby authorize the credit union to apply any or all such funds to the payment of the unpaid balance without notice, whether or not the credit union accelerates. I (we) agree to be jointly and severally liable for all fees incurred on this account. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Joint Owner Signature (if Applicable) \_\_\_\_\_ Date \_\_\_\_\_  
 Joint Owner Signature (if Applicable) \_\_\_\_\_ Date \_\_\_\_\_  
 Joint Owner Signature (if Applicable) \_\_\_\_\_ Date \_\_\_\_\_  
 Joint Owner Signature (if Applicable) \_\_\_\_\_ Date \_\_\_\_\_

**For Notary Seal**  
 (or use this area if credit union requires thumb print i.d.)



**COMPLETE IF REQUIRED BY YOUR CREDIT UNION.** I certify that the information provided above is my true and correct identity information.  
 Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Member/Owner  
 State of \_\_\_\_\_, County of \_\_\_\_\_, City of \_\_\_\_\_  
 This person named hereon personally came before me on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 My commission expires on \_\_\_\_\_