

## Member Services Request

NEW       UPDATE      DATE: \_\_\_\_\_      MEMBER NO: \_\_\_\_\_

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 when opening a new account. **What this means for you:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

### MEMBER/OWNER INFORMATION

Update

Member/Owner Name:	SSN/TIN:
Physical Address:	Date of Birth:
City/State/Zip:	E-Mail:
Mailing Address:	Employer:
City/State/Zip:	OpCo/Division:
Primary Phone:	Occupation/Title:
Secondary Phone:	

*The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.*

### ACCOUNT OWNERSHIP

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

Individual       Joint Account with Rights of Survivorship

### JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Joint Owner     Other Authorized Signer (Describe): \_\_\_\_\_  
 Add     Update     Remove      See Account Authorization Card

Name #1:	SSN/TIN:
Physical Address:	ID Issuing State:
City/State/Zip:	ID Exp. Date:      Date of Birth:
Mailing Address:	E-Mail:
Primary Phone:	Secondary Phone:
City/State/Zip:	Occupation/Title:
Employer:	

Joint Owner     Other Authorized Signer (Describe): \_\_\_\_\_  
 Add     Update     Remove      See Account Authorization Card

Name #2:	SSN/TIN:
Physical Address:	Date of Birth:
City/State/Zip:	E-Mail:
Mailing Address:	Secondary Phone:
City/State/Zip:	Occupation/Title:
Primary Phone:	
Employer:	

Joint Owner     Other Authorized Signer (Describe): \_\_\_\_\_  
 Add     Update     Remove      See Account Authorization Card

Name #3:	SSN/TIN:
Physical Address:	Date of Birth:
City/State/Zip:	E-Mail:
Mailing Address:	Secondary Phone:
City/State/Zip:	Occupation/Title:
Primary Phone:	
Employer:	

**PAYROLL DEDUCTIONS**

Payroll Frequency: \_\_\_\_\_ Total Deduction per Paycheck: \$ \_\_\_\_\_  
 Weekly  Bi-weekly  Semi-monthly  Monthly  
Primary Savings: \$ \_\_\_\_\_ Christmas Club: \$ \_\_\_\_\_  
Checking: \$ \_\_\_\_\_ Vacation Club: \$ \_\_\_\_\_  
Other (Loan, Secondary Share, etc) # \_\_\_\_\_ : \$ \_\_\_\_\_

**ACCOUNT TYPES & SERVICES**

- |  |  |
|--|--|
| <input type="checkbox"/> Share/Savings (\$25.00 Par required)              | <input type="checkbox"/> Overdraft Protection          |
| <input type="checkbox"/> Direct Checking (requires Direct Deposit)         | <input type="checkbox"/> Christmas Club                |
| <input type="checkbox"/> Basic Checking                                    | <input type="checkbox"/> Vacation Club                 |
| <input type="checkbox"/> Extras Checking                                   | <input type="checkbox"/> Share Certificate             |
| <input type="checkbox"/> New Direction Checking (\$100 PAR value required) | <input type="checkbox"/> VISA Express Check Debit Card |
| <input type="checkbox"/> Money Market (Minimum \$5,000 to open)            | <input type="checkbox"/> ATM Express Teller Card       |
| <input type="checkbox"/> Youth Checking                                    |  |

**ACCOUNT DESIGNATIONS**

<input type="checkbox"/> Payable on Death (POD)/Trust Account	<input type="checkbox"/> All Accounts	<input type="checkbox"/> Designate Specific Accounts: _____
<input type="checkbox"/> Add	<input type="checkbox"/> Update	<input type="checkbox"/> Remove
Beneficiary/POD Payee: _____	Beneficiary/POD Payee: _____	
SSN/TIN: _____ Date of Birth: _____	SSN/TIN: _____ Date of Birth: _____	
Street: _____	Street: _____	
City/State/Zip: _____	City/State/Zip: _____	

**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), and*
- (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 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

**Certification Instructions.** Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
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**AUTHORIZATION**

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy 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 the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. 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. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

*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/Owner	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Parent/Guardian signing on behalf of minor named herein	Date
<b>X</b>	