

Member Account Agreement

Date: _____

Credit Union Name & Address



IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Owner/Signer Information 1

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Other ID (Description, Details)	MMN:
Employer	
Previous Financial Inst.	
Member Qualification/Relationship to Member	

Owner/Signer Information 2

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Other ID (Description, Details)	MMN:
Employer	
Previous Financial Inst.	
Member Qualification/Relationship to Member	

Member No. _____

Account Title & Address

Ownership of Account

The specified ownership will remain the same for all accounts.

(For consumer accounts, select and initial.)

Single-Party Account _____ Multiple Party Account _____

Multiple-Party Account - Tenancy by the Entireties _____

Corporation - For Profit Corporation - Nonprofit

Partnership Sole Proprietorship Limited Liability Company

Trust-Separate Agreement Dated: _____

Beneficiary Designation

(Check appropriate ownership above - select and initial below.)

Single-Party Account _____

Single-Party Account with Pay-On-Death (POD) _____

Multiple-Party Account with Right of Survivorship _____

Multiple-Party Account with Right of Survivorship and POD _____

Multiple-Party Account without Right of Survivorship _____

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: _____.

Signature(s)

The undersigned authorize the credit union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- Terms and Conditions Privacy
- Electronic Fund Transfers Truth in Savings
- Substitute Checks Funds Availability
- Common Features _____
- Convenience Account Agent (See Owner/Signer Information for Convenience Account Agent designation(s).)

[X]

[X]

[X] [X]

Owner/Signer Information 3	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Other ID (Description, Details)	MMN:
Employer	
Previous Financial Inst.	
Member Qualification/Relationship to Member	

Owner/Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Other ID (Description, Details)	MMN:
Employer	
Previous Financial Inst.	
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Backup Withholding Certifications	
<i>(If not a "U.S. Person," certify foreign status separately.)</i>	
TIN: _____	
<input type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.	
<input type="checkbox"/> Backup Withholding - 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.	
<input type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
X _____	(Date)

Non-Individual Owner Information	
Name	
EIN	
Phone	
Mobile Phone	
E-Mail	
Type of Entity	
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	
Member Qualification/Relationship to Member	

Account Description	Account #	Initial Deposit/Source
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____

Services Requested	
<input type="checkbox"/> Savings	<input type="checkbox"/> Debit / ATM
<input type="checkbox"/> Checking / Share Draft	<input type="checkbox"/> Club
<input type="checkbox"/> Money Market	<input type="checkbox"/> Home Banking

Other Terms/Information	
Account: <input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Cash
Initial Amount \$ _____	<input type="checkbox"/> Check
Membership Approved By _____	Date _____