



Member No. _____

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Suffix*	Suffix*
<input type="checkbox"/> CU Share Savings _____	<input type="checkbox"/> CU Jumbo Time Share _____
<input type="checkbox"/> CU Advantage Checking _____	<input type="checkbox"/> CU Money Fund Plus _____
<input type="checkbox"/> CU Time Share _____	<input type="checkbox"/> Living Trust _____
<input type="checkbox"/> Christmas Club _____	<input type="checkbox"/> Junior Varsity <input type="checkbox"/> Varsity _____

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____

Home Address _____ Cell Phone () _____

Mailing Address _____ Fax Number () _____

City/State/Zip _____ Employment _____

Home Tel () _____ Password _____

Listed Unlisted

Citizenship _____

Work Tel () _____ Qualification _____

Ownership _____ Mother's Maiden Name _____

SSN/TIN _____ DOB _____ Current Affiliation _____

Driver's Lic. No. _____ Original Affiliation _____

2nd Identification Card No. _____ Profile Type _____

Age _____ Gender _____ Contact Preference _____

Marital Status _____ Dependants _____ Email address _____

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 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. 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 BEN if you are not a U.S. person.

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 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 Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X _____ Signature Date	X _____ Signature Date
X _____ Signature Date	X _____ Signature Date

ACCOUNT SERVICES

Overdraft Protection _____ MTS/CU web branch _____ Payroll Deduction/Direct Deposit _____
 Visa Check Card _____ CU Express Card _____ Other _____

ACCOUNT OWNERSHIP

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

Individual **Joint Account with Survivorship** **Joint Account without Survivorship**

Joint Owner _____

Home Address _____

Mailing Address _____

City/State/Zip _____

Home Tel () _____

Listed Unlisted

Work Tel () _____

Ownership _____

SSN/TIN _____ DOB _____

Driver's Lic. No. _____

2nd Identification Card No. _____

Age _____ Gender _____

Marital Status _____ Dependants _____

Cell Phone () _____

Fax Number () _____

Employment _____

Password _____

Citizenship _____

Qualification _____

Mother's Maiden Name _____

Current Affiliation _____

Original Affiliation _____

Profile Type _____

Contact Preference _____

Email address _____

Joint Owner _____

Home Address _____

Mailing Address _____

City/State/Zip _____

Home Tel () _____

Listed Unlisted

Work Tel () _____

Ownership _____

SSN/TIN _____ DOB _____

Driver's Lic. No. _____

2nd Identification Card No. _____

Age _____ Gender _____

Marital Status _____ Dependants _____

Cell Phone () _____

Fax Number () _____

Employment _____

Password _____

Citizenship _____

Qualification _____

Mother's Maiden Name _____

Current Affiliation _____

Original Affiliation _____

Profile Type _____

Contact Preference _____

Email address _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account _____ All Accounts Designate specific account(s)

Beneficiary/POD Payee _____

Date of Birth _____

Home Address _____

Mailing Address _____

City/State/Zip _____

Beneficiary/POD Payee _____

Date of Birth _____

Home Address _____

Mailing Address _____

City/State/Zip _____

Agency Print Name of Agent _____

Signature _____ (date) _____

All Accounts Designate specific account(s) _____

Agency (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act)

Minor's TIN/SSN _____

Other _____ See Account Authorization Card

Date of Membership _____ Opened by _____ Supervisor _____

I.D. Verified: Yes No

Bridger Insight: Yes No

NAVS: Yes No

Date closed _____ **Member Signature** _____

**CREDIT UNION
USE ONLY**