

Member No. _____

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

<p style="text-align: center;">Suffix*</p> <input type="checkbox"/> CU Share Savings _____ <input type="checkbox"/> CU Advantage Checking _____ <input type="checkbox"/> CU Time Share _____ <input type="checkbox"/> Club Account _____	<p style="text-align: center;">Suffix*</p> <input type="checkbox"/> CU Jumbo Time Share _____ <input type="checkbox"/> CU Money Fund Plus _____ <input type="checkbox"/> Living Trust _____
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*The account number for each of the account listed above consists of the suffix added to the end of the member number listed below. If this card applies to more than one count of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____	Cell Phone () _____
Home Address _____	Fax Number () _____
Mailing Address _____	Employment _____
City/State/Zip _____	Occupation _____
Home Tel () _____	Citizenship _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Mother's Maiden Name _____
Work Tel () _____	Affiliation _____
Ownership _____	Profile Type _____
SSN/TIN _____ DOB _____	Contact Preference _____
Driver's Lic. No. _____	Email address _____
2nd Identification Card No. _____	
Age _____ Gender _____	
Marital Status _____ Dependants _____	

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

CU by Phone/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 _____

Occupation _____

Citizenship _____

Mother's Maiden Name _____

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 _____

Occupation _____

Citizenship _____

Mother's Maiden Name _____

Affiliation _____

Profile Type _____

Contact Preference _____

Email address _____

ACCOUNT DESIGNATION

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee _____

Relationship _____

Date of Birth _____

Home Address _____

Mailing Address _____

City/State/Zip _____

All Accounts

Designate specific account(s)

Beneficiary/POD Payee _____

Relationship _____

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

**CREDIT UNION
USE ONLY**

Date of Membership _____ Opened by _____ Supervisor _____

I.D. Verified: Yes No

Bridger Insight: Yes No

NAVS: Yes No

Date Closed _____ **Member Signature** _____