



## 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 DESIGNATION

**Payable on Death (POD)/Trust Account**

Beneficiary/POD Payee \_\_\_\_\_

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

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

All Accounts

Designate specific account(s)

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

## 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** \_\_\_\_\_