

MEMBER APPLICATION & ACCOUNT AGREEMENT

					unt. To help the government fight the funding of tain, verify and record information that identifies									
☐ New Membership			☐ Secondary Account				□ Acc	ount Cha	nge	Member No.				
PRIMARY OWNER'S INFORMATION														
Name: First Middle Last														
Physical Address							City, State					Zip Code		
Mailing Address							City, State				Zip Code			
SSN/TIN	IN Date of Birth Citizenship				ID No.		Country of Issuance			Issue Date			Expiry Date	
Secondary ID Type	ID No.	<u> </u>	Country of Issuance Issue Date			Expiry	/ Date	Mother's Maiden Name				(Optional) Gender ☐ Male ☐ Female		
Employer Name			Employer Address											
Occupation	Work Phone		Home Phone		Mobile Phone		Email Addres	Address						
	OWNERSHIP OF ACCOUNT													
								Date of Birth						
ACCOUNT TYPE														
		_											,	
☐ Regular Sha		-	Value Ch IRA Sha	•	□ Mone	ey Mar	ket Sav	•	Club Acc			Certificat cate	е	
-		-		•	□ Mone	ey Mar Share	ket Sav Certifica	ate 🗆					е	
BACKUP WITHHO (A) By signing the Taxy not bee	DLDING C ing below, payer Iden n notified has notifi	ERTIFICA , I certify intification that I am ed me tha	TION - Chunder pen Number (1 subject to	re Savin neck box alties of IN) show b backup longer su	☐ Mone gs ☐ IRA : SIGNATUR (A) only if tr perjury that I a m above is my withholding a bject to backt	Share RES & C ue or (I am a U. / correct as a res up with	Certifica Certifica ERTIFICA B) below S. citizer ct TIN and sult of a finholding	TIONS I or other d (2) I am failure to or (3) I am	U.S. perso	nbo Share n (includin t to backup	g a U.S. r withhol	resident al ding either	ien), and that (1) because I have nternal Revenue	
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BACKUP WITHHO (A) By signing the Taxy not bee Service (B) A separable A separable Service and authors and authors are dit reporting correct and that each marked ac Terms & Concomplete Service Service and Concomplete Service Service Service Service Service (1) Primary Owner's Signature Service Servi	DLDING C ing below, payer Iden n notified has notifi ate W-9 ha v, the undenorize the g agency the terms count and litions ature gnature	ERTIFICA , I certify intification that I am ed me that as been concerning the control of the unit of the unit of the unit of the following th	TION - CH under pen Number (1 subject to t I am no ompleted agree to the ion to ver dersigned all listed wing police	re Savin neck box alties of print show to backup longer su (or W-8 in the Credit of t	☐ Mone gs ☐ IRA SIGNATUR (A) only if tre perjury that I a n above is my withholding a bject to backe n the case of a Union by-law and employm viduals. The use sures.	Share Share RES & C ue or (I am a U. / correc as a res up with a non-re // sand t hent his undersi signed a	Certifica Certifica B) below S. citizer ct TIN and sult of a fandolding of esident a che terms attory by a igned cert acknowle und Trans Date	TIONS In or other d (2) I am failure to or (3) I am lien). and concurry neces retify that tedge rece	U.S. personot subject report all in an exemplations of a sary mean he information of a co	n (includin to backup trecipient recipient recipient atlability Member/Acc	g a U.S. ro withhold dividence under the ed account grepar ded on the erms and Uthe ount No.	resident al ding either ds or the li ne IRS regu unt, as amo ation of a his applica d condition	ien), and that (1) because I have nternal Revenue lations.	
BACKUP WITHHO (A) By signing the Taxy not bee Service (B) A separable A separable Signing below to time, and auth a credit reporting correct and that each marked ac Terms & Concomplete Concomplete Signing Delow (1) Primary Owner's Signing Signing Signing Delow (2) Joint Owner/Agent Signing	e Certific DLDING C ing below, bayer Iden n notified has notifi ate W-9 ha v, the undenorize the g agency the terms count and litions ature gnature gnature gnature	ERTIFICA , I certify in the certification that I am ed me that as been concerning to the certification on the unity of the following apply to I the following Truth in	TION - Chunder pen Number (1 subject to t I am no completed agree to the ion to ver dersigned all listed wing police Savings	re Savin neck box alties of IN) show backup longer su (or W-8 ir he Credit ify credit I, as indiv accounts by disclos	SIGNATUR (A) only if tre perjury that I a mabove is my withholding a bject to backe the case of a Union by-law and employm viduals. The u s. The unders sures. cy ☐ Electr	Share Share RES & C ue or (I am a U. y correc as a res up with a non-re ys and t nent his undersi signed a	Certifica Certifica B) below S. citizer ct TIN and sult of a fandolding of esident a the terms story by a igned cert acknowled acknowled Date Date	TIONS In or other d (2) I am failure to or (3) I am lien). and concury neces rtify that tedge recessfers	U.S. personot subject report all in an exemptions of a sary mean he informatipt of a co	n (includin t to backup nterest or t recipient ny approv s, includin ation provi py of the t ailability Member/Acc Member/Acc	g a U.S. ro withhold dividence under the ed account green and ed on the erms and under the ount No.	resident al ding either ds or the li ne IRS regu unt, as amo ation of a his applica d condition	ien), and that (1) because I have nternal Revenue ulations. ended from time credit report by ntion is true and ns applicable to	



MEMBER APPLICATION & ACCOUNT AGREEMENT

ACCESS & ACCOUNT SERVICE OPTIONS												
☐ PRD/Direc ☐ Debit/ATM	•	: □ 0\	verdraft l	Protectio	n				ne (online banking) Phone (phone banking)			
					ININT OWNE	RS/AG						
JOINT OWNERS/AGENT INFORMATION (2) Name: First Middle Last												
Physical Address City, State Zip Code											ip Code	
Mailing Address City, State Zip										ip Code		
SSN/TIN	Date of Birth	Primary ID Type		ID No.		Country		suance	Issue Date	Expiry Date		
Secondary ID Type				Country of Issuance		Issue Date Expi		Mother's Ma	aiden Name	(Optional) Gend	(Optional) Gender Male Female	
Employer Name	mployer Name				dress							
Occupation	Work Phone		Home Phone		Mobile Phone		Email Address					
(3) Name: First		Middle				Last						
Physical Address City, State Zip Code											ip Code	
Mailing Address							City, State	ip Code				
SSN/TIN	Date of Birth	Citizenship	Primary ID Ty	/pe	ID No.			Country of Is	suance	Issue Date	Expiry Date	
Secondary ID Type	ry ID Type ID No.			Country of Issuance		Issue Date Expiry		Mother's Ma	aiden Name	(Optional) Gender		
Employer Name	Employer Ad	dress	1									
Occupation		Home Phone		Mobile Phon	е	Email Address						
(4) Name: First		'			Middle				Last			
Physical Address						City, State	lip Code					
Mailing Address									City, State	Z	ip Code	
SSN/TIN	Date of Birth Citizenship		Primary ID Type		ID No.		Country of		suance	Issue Date	Expiry Date	
Secondary ID Type	ID No.		Country of Issuance		Issue Date Expir		ry Date Mother's Ma		siden Name	1	(Optional) Gender Male	
Employer Name				Employer Ad	ldress	1						
Occupation			Work Phone		Home Phone		Mobile Phone		Email Address			
REFERENCES												
Provide the name, address and other contact information of someone who will always know your location Name												
Address City, State Zip Code												
Relationship to Member				Work Phone	Hom	ne Phone	9	Mobile Phon	e Other			
CREDIT UNION USE ONLY												
Date Opened			Opened by			UNIU	Initial Amour		Form	Cash		
ACCOUNT SERVICES: ☐ PRD/Dir Dep ☐ Debit/ATM Card ☐ OD Protection ☐ Coast Online ☐ Coast by Phone												
□ 0FAC □ N	AVS □] MDD	□ SDD	Process	ed by		Date		Approved by	Date		