

# Member Account Agreement

Date: \_\_\_\_\_

## Credit Union Name & Address

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## Owner/Signer Information 1

Name	
Relationship	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

## 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 \_\_\_\_\_

Sole Proprietorship or Single Member LLC  Partnership

LLC-enter tax classification ( C Corp  S Corp  Partnership)

C Corporation  S Corporation  \_\_\_\_\_

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.)*

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## Member No.

## Account Title & Address

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

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 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, the following agreements or disclosures:**

- Terms & Conditions  Truth in Savings  Funds Availability
- Electronic Fund Transfers  Privacy  Substitute Checks
- Common Features  \_\_\_\_\_

Agency Designation (See Owner/Signer Information for Agency Designation(s).)

Agency Designation (*select and initial*):  Survives OR

Terminates on disability or incapacity of parties.

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

(1): [ X ]

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(2): [ X ]

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(3): [ X ]

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(4): [ X ]

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Owner/Signer Information 2**

Name	
Relationship	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

**Owner/Signer Information 3**

Name	
Relationship	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

**Owner/Signer Information 4**

Name	
Relationship	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

**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.

**Non-Individual Owner Information**

Name	
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	
E-Mail	
Phone	
EIN:	Mobile Phone:

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**

ATM     Debit/Check Cards (No. Requested: \_\_\_\_\_ )

\_\_\_\_\_     \_\_\_\_\_

\_\_\_\_\_     \_\_\_\_\_

**Backup Withholding Certifications**

(If not a "U.S. Person", certify foreign status separately)

By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

**Taxpayer I.D. Number - TIN:** \_\_\_\_\_  
The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

**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.

**Exempt Recipients.** I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) \_\_\_\_\_

**FATCA Code.** The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Other Terms/Information**

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