



Signature Card

ACCOUNT NAME:

ACCOUNT NUMBER:

ACCOUNTS SELECTED:

MEMBERSHIP ELIGIBILITY:

EMAIL ADDRESS:

**PRIMARY
ACCOUNT
HOLDER**

FIRST NAME	MIDDLE INITIAL	LAST NAME	SUFFIX
SOCIAL SECURITY #		DATE OF BIRTH	MOTHER'S MAIDEN NAME
HOME ADDRESS (NO P.O. BOXES)		CITY	STATE ZIP CODE
HOME/WORK PHONE	CELL PHONE	DL/PASSPORT #	STATE/COUNTRY EXP. DATE
MAILING ADDRESS (IF DIFFERENT FROM HOME)		CITY	STATE ZIP CODE

**JOINT
ACCOUNT
HOLDER**

FIRST NAME	MIDDLE INITIAL	LAST NAME	SUFFIX
SOCIAL SECURITY #		DATE OF BIRTH	MOTHER'S MAIDEN NAME
HOME ADDRESS (NO P.O. BOXES)		CITY	STATE ZIP CODE
HOME/WORK PHONE	CELL PHONE	DL / PASSPORT #	STATE/COUNTRY EXP. DATE

BENEFICIARIES

FULL NAME	SOCIAL SECURITY #	DATE OF BIRTH
FULL NAME	SOCIAL SECURITY #	DATE OF BIRTH
FULL NAME	SOCIAL SECURITY #	DATE OF BIRTH

Important information about procedures for opening a new account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. **Acknowledgment and Signatures:** You are verifying – under penalty of perjury – that all statements and information contained herein are true and correct, that the Taxpayer Identification Number (TIN) is correct and that you are NOT subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding. You further certify that you are a U.S. person (including a U.S. Resident Alien), and that you are exempt from FATCA reporting. If you are not a U.S. person or U.S. Resident and do not have a U.S. TIN, you must complete Form W-8BEN and agree to renew the form every 3 years. You understand joint owners and co-workers and each person named as owner may use the account individually. Joint owners have the right of survivorship on the account. Your signature below also certifies that you have received a copy of the Credit Union's Truth-In-Savings (TIS) Account Disclosure and Agreement or, in the event that the account is applied via mail, that you will notify the Credit Union if a TIS Disclosure and Agreement is not received within ten (10) working days from the date of this application is mailed. **By signing below, you authorize the Credit Union to receive and exchange credit, income and employment information and permit the CU to verify this information from whichever sources it deems necessary, and may, now and in the future, provide others with information regarding your credit history, to the extent permitted by law and for other accounts, products, or services we may offer you or for which you may qualify.** You understand that if the application is pre-approved for a loan, you are bound by all terms and conditions of the loan agreement and disclosure, which will be given to you upon disbursement of the loan. You agree that all owners of any account requested herein agree to the terms, conditions and covenants of the agreements applicable to each account as set forth in the Disclosure and Agreement. Your acceptance and/or use of any remote access services (such as ATM cards or Phone Assistance Line Services) shall certify your agreement to be bound by the agreements covering such services in the Credit Union's Disclosure and Agreement and Electronic Services Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.



I ACCEPT THE TERMS AND CONDITIONS OF THE ABOVE STATEMENT.

SIGNATURE(S)

PRIMARY APPLICANT SIGNATURE _____ DATE _____

JOINT APPLICANT SIGNATURE _____ DATE _____