

ACCOUNT CARD

ACCOUNT TYPE

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

- Share/Savings: Money Market:
 Share Draft/Checking: HSA:
 Share Certificate/Certificate: Other:

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No:

Member/Owner: _____
 Street: _____ SSN/TIN: _____
 City/State/Zip: _____ Driver's Lic. No: _____
 Home Phone: _____ Date of Birth: _____
 Listed Unlisted Password: _____
 Work Phone: _____ Employer: _____
 Membership Eligibility: _____ E-mail: _____

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 (or I am waiting for a number to be issued), and
 (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) IRS has notified me that I am no longer subject to backup withholding, and
 (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).

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 Disclosure, 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 agreements 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 Fund Transfers Agreement and Disclosure. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

Signature _____ Date _____ Signature _____ Date _____
 Signature _____ Date _____ Signature _____ Date _____

- Payroll Deduction/Direct Deposit: _____ ATM Card: _____
 Overdraft Protection (Indicate transfer priority.): _____ Debit Card: _____
 PC Access/Internet Banking: _____ Audio Response: _____
 Other: _____

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

Joint Owner: _____
 Street: _____ SSN/TIN: _____
 City/State/Zip: _____ Driver's Lic. No: _____
 Home Phone: _____ Date of Birth: _____
 Listed Unlisted Password: _____
 Work Phone: _____ E-mail: _____

Joint Owner: _____
 Street: _____ SSN/TIN: _____
 City/State/Zip: _____ Driver's Lic. No: _____
 Home Phone: _____ Date of Birth: _____
 Listed Unlisted Password: _____
 Work Phone: _____ E-mail: _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account
 All Accounts Designate Specific Accounts: _____
 Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
 Street: _____ Street: _____
 City/State/Zip: _____ City/State/Zip: _____
 UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: _____

Agency Print Name of Agent: _____
 Signature: _____ Date: _____
 All Accounts Designate Specific Accounts: _____
 Other: _____ See Account Authorization Card

FOR CREDIT UNION USE ONLY

See Account Change Card See Insurance Beneficiary Card
 Date of Membership: _____ Opened /App'd by: _____ Member Verification: _____
 Credit Report Check Verify PIN Request
 Access Card Audio Response PC Access/Internet Banking