

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION	
Member/Owner:	Member No:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility:
Employer:	

ACCOUNT OWNERSHIP	
Designate the ownership of the accounts and responsibility for the services requested. <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Rights of Survivorship <input type="checkbox"/> Joint Account without Rights of Survivorship (Beneficiaries not allowed.)	
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

CUSTODIAL DESIGNATION AND INFORMATION	
The account(s) listed in the "ACCOUNT TYPE" section is/are held by _____ as custodian for _____ until age _____ (may not be older than 21) under the Michigan Uniform Transfers to Minors Act.	
Custodian's Address: _____	
Phone: _____	Date of Birth: _____ Other: _____

DESIGNATION OF SUCCESSOR CUSTODIAN	
Pursuant to the Michigan Uniform Transfers to Minors Act, I hereby designate _____ successor custodian for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.	
Signature of Custodian: _____	Date: _____
Witness: _____	Date: _____

ACCOUNT DESIGNATIONS	
<input type="checkbox"/> Beneficiary Account	<input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts _____
Beneficiary: _____	Beneficiary: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
<input type="checkbox"/> Agency	Print Name of Agent: _____
Signature: _____	Date: _____
<input type="checkbox"/> All Accounts	<input type="checkbox"/> Designate Specific Accounts _____
<input type="checkbox"/> Other:	<input type="checkbox"/> See Account Authorization 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.

Suffix

Suffix

- Share/Savings: _____
- Share Draft/Checking: _____
- Share Certificate/Certificate: _____

- Money Market: _____
- HSA: _____
- 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.

ACCOUNT SERVICES

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

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) the 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. citizen or 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).
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

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.

X	X
Signature _____	Signature _____
Date _____	Date _____

X	X
Signature _____	Signature _____
Date _____	Date _____

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

- | | | |
|--|--|---|
| Date of Membership: <input type="checkbox"/> Credit Report | Opened/App'd by: <input type="checkbox"/> Check Verify | Member Verification: <input type="checkbox"/> PIN Request |
| <input type="checkbox"/> Access Card | <input type="checkbox"/> Audio Response | <input type="checkbox"/> PC Access/Internet Banking |