

Account Card

ACCOUNT TYPE

All of the terms, condition, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

	Suffix*		Suffix*
Share/Savings	_____	Money Market	_____
Share Draft/Checking	_____	Other	_____
Share Certificate	_____	Other	_____

*The account number for each of the accounts listed above consists of the suffix account to the end of the Member Number listed below. 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/Owner	_____	Member No.	<input type="text"/>
Street	_____	SSN/TIN	_____
City, State Zip	_____	Drivers' Lic.No.	_____
Home Phone	_____	Date of Birth	_____
Cell Phone	_____	Password	_____
Work Phone	_____	Employer	_____
Email	_____	Membership Eligibility	_____

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.
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. person (including a U.S. resident alien).

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 Agreement 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 Funds Transfer Agreement. I/We irrevocably waive the right to dispose of by an existing or future Will, any account owned as a Joint Account with Survivorship and/or any account for which I/We have named Payable on Death beneficiary(ies). **The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

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

ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit	<input type="checkbox"/> ATM Card
<input type="checkbox"/> PC Access/Internet Banking	<input type="checkbox"/> Audio Response
<input type="checkbox"/> Overdraft Protection (indicate transfer priority below)	<input type="checkbox"/> Other

ACCOUNT OWNERSHIP

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

Individual Joint Account with Survivorship

Joint Owner _____

Street _____	SSN/TIN _____
City, State Zip _____	Drivers' Lic. No. _____
Home Phone _____	Date of Birth _____
Cell Phone _____	Password _____
Work Phone _____	Employer _____
Email _____	

Joint Owner _____

Street _____	SSN/TIN _____
City, State Zip _____	Drivers' Lic. No. _____
Home Phone _____	Date of Birth _____
Cell Phone _____	Password _____
Work Phone _____	Employer _____
Email _____	

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee		Beneficiary/POD Payee	
Street		Street	
City, State, Zip		City, State, Zip	

Agency (print name of Agent) _____

Signature _____	Date _____
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UTTMA (as custodian for) _____
(minor) under the Washington Uniform Transfers to Gifts to Minors Act
Minor's TIN/SSN _____

Other (See Account Authorization Care) _____