



Member #: _____

Copy of all Applicant's Driver's Licenses and Verification of Social Security Number are Required to Complete Membership Application

Account Type: Share Account Share Draft Account
Account Services: ATM Card Visa Debit Card

Member/Owner: _____
(Last) (First) (M.I.)

Social Security #: _____ Date of Birth: _____ Driver's License#: _____

Physical Address: _____
(Street) (City) (State) (Zip)

Telephone: () _____ () _____ () _____
(Cell) (Work) (Home)

Email Address: _____ Mother's Maiden Name: _____

Employer: _____ Membership Eligibility: _____
(Select Employee Group Name, LA/SPCA, or Name of Relative Member)

Backup Withholding Certification:

By signing below I certify, under penalty of perjury, 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).

Authorization and Signatures:

By signing below, I/we agree to the terms and conditions of the Master Account Agreement, Truth-in-Savings Rate and Fee Schedule for the account requested, Funds Availability disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the EFT Agreement and Disclosure. I/we authorize the Credit Union to verify credit and employment history by any necessary means, including requesting a credit report from a credit reporting agency.

The IRS does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Primary Account Owner

Date

Joint Account Owner

Date

Joint Account Owner

Date

Joint Account Owner

Date

JOINT ACCOUNT OWNERS:

*Joint account owners have full access to any funds in all accounts, with exception to an IRA, under this member number.

Joint Owner: _____
(Last) *(First)* *(M.I.)*

Social Security #: _____ Date of Birth: _____ Driver's License#: _____

Physical Address: _____
(Street) *(City)* *(State)* *(Zip)*

Telephone: (____) _____ (____) _____ (____) _____
(Cell) *(Work)* *(Home)*

Email Address: _____ Mother's Maiden Name: _____

Joint Owner: _____
(Last) *(First)* *(M.I.)*

Social Security #: _____ Date of Birth: _____ Driver's License#: _____

Physical Address: _____
(Street) *(City)* *(State)* *(Zip)*

Telephone: (____) _____ (____) _____ (____) _____
(Cell) *(Work)* *(Home)*

Email Address: _____ Mother's Maiden Name: _____

Joint Owner: _____
(Last) *(First)* *(M.I.)*

Social Security #: _____ Date of Birth: _____ Driver's License#: _____

Physical Address: _____
(Street) *(City)* *(State)* *(Zip)*

Telephone: (____) _____ (____) _____ (____) _____
(Cell) *(Work)* *(Home)*

Email Address: _____ Mother's Maiden Name: _____

FOR CREDIT UNION USE ONLY

Opened By: _____ Date: _____

Approved By: _____ Date: _____
(Board Member)

Verified Through: _____ Idology _____ Telecheck