

Account Number "
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**Account Type(s)**

- Share/Savings
- Share Draft/Checking
- Money Market Savings
- Ã

**Account Ownership**

- Individual
- Joint Tenants with Rights of Survivorship
- Trust (Trust Documents Required)

**Primary Member Information:**

Name / Trust / Mother's Maiden Name"		SSN or Tax ID"	Date of Birth
Physical Street Address		City/State/Zip	
Mailing Address (if different from above)		City/State/Zip	
Home Phone	Cell Phone	Work Phone (Extension)	
Employer		Department or Occupation	
Email		Driver's License Number	

**I am eligible to join the credit union based upon:**

- Geographic: \_\_\_\_\_
- Family Member: \_\_\_\_\_
- Employer: \_\_\_\_\_

**Account Services:**

- Overdraft Protection
  - Overdraw from Savings to Checking
  - Overdraw from Checking to Savings
- Assign me an E.T. and BluCurrent@Home Access Code
- ATM card issued to Primary Member
- ATM card issued to Joint Owner(s): \_\_\_\_\_
- Check card issued to Primary Member
- Check card issued to Joint Owner(s): \_\_\_\_\_
- Order checks
- Enroll in E-statements

MGMT Approval
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**Joint Owner or Trustee Information:**

Name / Mother's Maiden Name		Name / Mother's Maiden Name		Name / Mother's Maiden Name	
SSN	DOB	SSN	DOB	SSN	DOB
Physical Address		Physical Address		Physical Address	
City/State/Zip		City/State/Zip		City/State/Zip	
Primary Phone		Primary Phone		Primary Phone	

**Payable on Death (POD):**

*(This Payable on Death designation applies to the accounts and sub-accounts under this member account number. The POD designation also applies to the Credit Union Life Savings Insurance under this member account number unless otherwise designated.)*

Name		Name		Name	
SSN	DOB	SSN	DOB	SSN	DOB
Physical Address		Physical Address		Physical Address	
City/State/Zip		City/State/Zip		City/State/Zip	

**TIN Certification and Backup Withholding Information.** Under the Penalty of Perjury, by my signature below, I certify (1) that the number provided on this card is my correct taxpayer identification number, and (2) that I am not subject to backup withholding because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding.

**Certification Instructions.** You must cross through item two (2) listed above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authorization (ALL ACCOUNT OWNERS MUST SIGN):**

(1) By signing below, I/we agree to all terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Disclosure, if applicable, and to any amendments the Credit Union makes from time to time, which are incorporated herein. In addition to any other consent, I/we authorize the credit union to check my account, credit, and employment history and obtain a credit report from third parties, including credit reporting agencies to verify my eligibility for accounts and services. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Disclosure. (2) A fee of \$10 will be assessed to members closing their primary share account within 90 days of opening it. A fee of \$10 will be assessed to members reopening a primary share account with 90 days of closing it.

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date