



New Application Account Revision

Reason for revision: _____

Account Holder Information

Name

Street Address

City, State, Zip

Home Phone

Work Phone

Cell Phone

Social Security Number

ID Number/Driver License Number

Date of Birth

Employer/Occupation

Mother's Maiden Name

E-Mail

Account Type

<input type="checkbox"/> Share/Savings Account	Suffix	_____
<input type="checkbox"/> Share Draft/Checking Account		_____
<input type="checkbox"/> Share Certificate/Certificate		_____
<input type="checkbox"/> Money Market Account		_____
<input type="checkbox"/> Other: _____		_____

Account Designations – Payable on Death

(The following designation of payable on death beneficiaries applies to each of the accounts indicated above.)

Beneficiary

Beneficiary

TIN Certification and Backup Withholding

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, (1) that the number shown on this form is my correct taxpayer identification number, (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result or failure to report all interest or dividends, or the Internal Revenue Service (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).

X _____
Primary Owner Date

For Official Use:	<input type="checkbox"/> OFAC	<input type="checkbox"/> ID Theft
<input type="checkbox"/> Courtesy Pay	<input type="checkbox"/> ChexSystems	<input type="checkbox"/> Credit Report
<input type="checkbox"/> ATM/Debit	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Overdraft Protection
<input type="checkbox"/> CU Online	<input type="checkbox"/> E-Statements	<input type="checkbox"/> Risk Assessment

Approved by: _____ Date: _____

Account Number

Joint Account Holder Information

(All accounts owned jointly are owned with right of survivorship unless expressly stated otherwise.)

Name

Street Address

City, State, Zip

Home Phone

Work Phone

Cell Phone

Social Security Number

ID Number/Driver License Number

Date of Birth

Occupation

Second Joint Account Holder Information

(All accounts owned jointly are owned with right of survivorship unless expressly stated otherwise.)

Name

Street Address

City, State, Zip

Home Phone

Work Phone

Cell Phone

Social Security Number

ID Number/Driver License Number

Date of Birth

Occupation

Agreement and Authorization

I/We agree to the terms and conditions of the Credit Union's membership agreement(s). Truth-In-Savings rates and disclosures, fee schedule(s), funds availability policy and disclosure, etc. and to any amendment (s) the Credit Union may, from time to time, incorporate herein. I/We acknowledge receipt of a copy of the said agreement(s) and disclosures applicable to the accounts and services for which I/We have applied. The said agreements and disclosures, as amended, constitute the entire agreement between the parties. There are merged herein and therein all prior and collateral representations, promises and conditions in connection with the subject matter hereof. Any representation, promise, or condition not incorporated therein is unenforceable. No delay in enforcement of our rights under this Agreement will result in any loss of our rights or relieve you of any of your obligations. If any provision of this Agreement is deemed invalid the rest of this Agreement will remain in full force and effect. If I/We make application for a Credit Union's access card or other EFT service, I/We agree to the terms of and acknowledge receipt of the corresponding agreement (s) and disclosure(s). I/We authorize the Credit Union to (i) obtain a credit report and to confirm the accuracy of any and all information and documentation contained in my/our application and in other documents required in connection with this request for an account., and (ii) obtain a credit report in the future at any time the Credit Union deems it necessary or useful in maintaining the account and/or providing services to me/us.

X _____
Primary Owner Date

X _____
Joint Owner Date

X _____
Second Joint Owner Date