



**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

<b>Owner/Signer Information 1</b>	
Name	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
Mother's Maiden Name	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Other ID (Description, Details)	
Employer	
Occupation	

<b>Owner/Signer Information 2</b>	
Name	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
Mother's Maiden Name	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Other ID (Description, Details)	
Employer	
Occupation	

<b>Account Title &amp; Address</b>

<b>Ownership of Account</b>
The specified ownership will remain the same for all accounts.
<input type="checkbox"/> Individual <input type="checkbox"/> Representative Payee <input type="checkbox"/> Joint Account <input type="checkbox"/> Estate <input type="checkbox"/> CUTMA <input type="checkbox"/> Guardianship <input type="checkbox"/> Conservatorship <input type="checkbox"/> Trust-Separate Agreement Dated: _____ <input type="checkbox"/> _____

<b>Beneficiary Designation</b>
(Check appropriate ownership above.)
<input type="checkbox"/> Totten Trust <input type="checkbox"/> Pay-on-Death (P.O.D.) <input type="checkbox"/> _____

<b>Beneficiary Name(s), Address(es), and SSN(s)</b>
(Check appropriate beneficiary designation above.)
_____ % _____ Beneficiary Name _____ SSN Beneficiary Address _____ % _____ Beneficiary Name _____ SSN Beneficiary Address _____ % _____ Beneficiary Name _____ SSN Beneficiary Address _____ % _____ Beneficiary Name _____ SSN Beneficiary Address

<b>Signature(s)</b>
The undersigned authorize the credit union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. <b>The undersigned agree to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:</b>
<input type="checkbox"/> Consumer Master Disclosure <input type="checkbox"/> Privacy <input type="checkbox"/> Truth in Savings <input type="checkbox"/> General Fee Disclosure <input type="checkbox"/> Dividend Rate Sheet <input type="checkbox"/> Courtesy Pay Privilege Agreement <input type="checkbox"/> Electronic Disclosure <input type="checkbox"/> What You Need To Know About Overdrafts and Overdraft Fees <input type="checkbox"/> _____

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 _____ Date ]
[ X _____ Date ]
[ X _____ Date ]
[ X _____ Date ]

<b>Owner/Signer Information 3</b>	
Name	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
Mother's Maiden Name	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Other ID (Description, Details)	
Employer	
Occupation	

<b>Non-Individual Owner Information</b>	
Name	
EIN	
Phone	
Mobile Phone	
E-Mail	
Type of Entity	
State/Country & Date of Organization	
Address	
Mailing Address (if different)	

<b>Owner/Signer Information 4</b>	
Name	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
Mother's Maiden Name	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Other ID (Description, Details)	
Employer	
Occupation	

<b>Account Description</b>	<b>Account #</b>

<b>Services Requested</b>	
<input type="checkbox"/> ATM Card	<input type="checkbox"/> VISA Debit Card
<input type="checkbox"/> Telephone Banking	<input type="checkbox"/> Online Banking
<input type="checkbox"/> Paper Statements	<input type="checkbox"/> Overdraft Protection

<b>Backup Withholding Certifications</b>	
(If not a "U.S. Person", certify foreign status separately)	
<input type="checkbox"/> By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).	
<input type="checkbox"/> <b>Taxpayer I.D. Number - TIN:</b> _____ The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.	
<input type="checkbox"/> <b>Backup Withholding.</b> I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> <b>Exempt Recipients.</b> I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____	
<b>FATCA Code.</b> The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> New Account	
<input type="checkbox"/> Existing Account Change	
This account agreement supersedes all previous account agreements for the account numbers listed on this document only.	
Reason _____	
Account Opened by (First & Last Name) / Cashbox Number	Date
Management Approval (I certify that I have checked all of the above information)	Date

<b>Other Terms/Information</b>