



ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner: Member No:

Designate the ownership of the accounts and responsibility for the services requested.
Individual Joint (G.S. 54-109.58): We do do not elect to create the right of survivorship in this account.
We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: (1) The Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have directed that withdrawals require more than one signature; and (2) If we elect to create the right of survivorship in the account, that upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

Street: SSN/TIN:
City/State/Zip: Driver's Lic. No:
Home Phone: Listed Unlisted Date of Birth:
Work Phone: Password:
E-mail: Membership Eligibility:
Employer:

ACCOUNT OWNERSHIP

Joint Owner: SSN/TIN:
Street: Driver's Lic. No:
City/State/Zip: Date of Birth:
Home Phone: Listed Unlisted Password:
Work Phone: E-mail:

Joint Owner: SSN/TIN:
Street: Driver's Lic. No:
City/State/Zip: Date of Birth:
Home Phone: Listed Unlisted Password:
Work Phone: E-mail:

Joint Owner: SSN/TIN:
Street: Driver's Lic. No:
City/State/Zip: Date of Birth:
Home Phone: Listed Unlisted Password:
Work Phone: E-mail:

ACCOUNT DESIGNATIONS

Payable on Death Account (G.S. 54-109.57). I/we understand that by establishing a Payable on Death account under the provisions of North Carolina General Statute 54-109.57 that: (1) during my/our lifetime I/we may withdraw the money in the account; and (2) by written direction to the Credit Union I/we individually or jointly, may change the beneficiary or beneficiaries; and (3) upon my/our death the money remaining in the account will belong to the beneficiary or beneficiaries and the money will not be inherited by my (or our) heirs or be controlled by will.
All Accounts Designate Specific Account(s):

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

UTMA/UGMA (as custodian for Minors Act) (minor) under the Uniform Transfers/Gifts to
Minor's SSN/TIN:

Personal Agency Account (G.S. 54-109.63) I understand that by establishing a personal agency account under the provisions of N.C.G.S. 54-109.63 that the agent named in the account may (1) sign checks drawn on the account; and (2) make deposits into the account. I also understand that upon my death the money remaining in the account will be controlled by my will or inherited by my heirs.

Agency Name of Agent: (please print)
Signature: (date)
All Accounts Designate Specific Account(s):

Other: See Account Authorization Card

ACCOUNT TYPE

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

Suffix*

Suffix*

- Share/Savings _____
- Share Draft/Checking _____
- Share Certificate _____

- Money Market _____
- Living Trust _____
- Other _____

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority):

ATM Card:

Debit Card:

PC Access/Internet Banking:

Other:

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 US. 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 certify that the information on this Account Card (front and back) is complete and true and that 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 amendments the Credit Union makes from time to time. The terms and conditions of these documents 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. **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	X
Signature _____ Date _____	Signature _____ Date _____

X	X
Signature _____ Date _____	Signature _____ Date _____

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership:

Opened/App'd by:

Member Verification:

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking