

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 listed unless the Credit Union is notified in writing of a change.

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

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: _____

Member/Owner: _____

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No: _____

Home Phone: _____ Date of Birth: _____

Listed Unlisted Password: _____

Work Phone: _____ Employer: _____

Membership Eligibility: _____ E-mail: _____

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 (or I am waiting for a number to be issued), and**
- (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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).**

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.

X _____
Signature Date

AUTHORIZATION

By signing below, 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 amendment the Credit Union makes from time to time which are incorporated herein. I/We have received and read the agreements 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 Fund Transfers Agreement and Disclosure. **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
Signature		Signature	
X _____	Date	X _____	Date
Signature		Signature	



ACCOUNT SERVICES

Payroll Deduction/Direct Deposit: _____ ATM Card: _____

Overdraft Protection (Indicate transfer priority.): _____ Debit Card: _____

_____ Audio Response: _____

PC Access/Internet Banking: _____ Other: _____

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Rights of Survivorship

Joint Owner: _____

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No: _____

Home Phone: _____ Date of Birth: _____

Listed Unlisted

Password: _____

Work Phone: _____ E-mail: _____

Joint Owner: _____

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No: _____

Home Phone: _____ Date of Birth: _____

Listed Unlisted

Password: _____

Work Phone: _____ E-mail: _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

All Accounts Designate Specific Accounts: _____

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____

Street: _____ Street: _____

City/State/Zip: _____ City/State/Zip: _____

MTML (as custodian for _____ (minor) under the Missouri Transfer to Minors Law) Minor's SSN/TIN: _____

Agency Print Name of Agent: _____

Signature: _____ Date: _____

All Accounts Designate Specific Accounts: _____

Personal Custodian Account (as custodian for _____).

Other: _____ See Account Authorization Card

FOR CREDIT UNION USE ONLY	<input type="checkbox"/> See Account Change Card	<input type="checkbox"/> See Insurance Beneficiary Card
Date of Membership: _____	Opened /App'd by: _____	Member Verification: _____
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking