



ACCOUNT CARD

Important Information About Opening a New Account. To help our government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person when opening a new account. What does this mean for you? When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.

MEMBER APPLICATION AND OWNERSHIP INFORMATION	
Member/Owner:	Member No:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility:
Employer:	

ACCOUNT OWNERSHIP	
Designate the ownership of the accounts and responsibility for the services requested. <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Rights of Survivorship	
Joint Owner:	SSN/TIN:
Share ID:	Driver's Lic. No:
Street:	Date of Birth:
City/State/Zip:	Password:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-mail:
Work Phone:	
Joint Owner:	SSN/TIN:
Share ID:	Driver's Lic. No:
Street:	Date of Birth:
City/State/Zip:	Password:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-mail:
Work Phone:	
Joint Owner:	SSN/TIN:
Share ID:	Driver's Lic. No:
Street:	Date of Birth:
City/State/Zip:	Password:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-mail:
Work Phone:	

ACCOUNT DESIGNATIONS	
<input type="checkbox"/> UTMA/UGMA (as custodian for Minors Act) Minor's SSN/TIN:	(minor) under the Uniform Transfers/Gifts to Successor Custodian Name:
<input type="checkbox"/> Agency	Print Name of Agent: _____ Signature _____ Date: _____
<input type="checkbox"/> Other:	<input type="checkbox"/> 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 listed unless the Credit Union is notified in writing of a change.	
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Secondary Share/Savings: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Money Market: _____
<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.

ACCOUNT SERVICES

Patriot Overdraft Protection:

SMARTLine/eBRANCH:

Overdraft Transfers (Indicate transfer priority):

Debit Card:

Golden Horizons:

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 (or I am waiting for a number to be issued),

(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. 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 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 acknowledge receipt of a copy of 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	_____	X	_____
Signature	Date	Signature	Date
X	_____	X	_____
Signature	Date	Signature	Date

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened by: _____

Approved by: _____