

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION	Member/Owner:		Account No:	
	Street:		SSN/TIN:	
	City/State/Zip:		Driver's Lic. No:	
	Home Phone: ()	Home E-mail:	Date of Birth:	
	Work Phone: ()	Work E-mail:	Mother's Maiden Name:	
	Employment:		Eligibility for Membership:	
	ACCOUNT OWNERSHIP	Designate the ownership of the accounts and responsibility for the service requested.		
<input type="checkbox"/> Individual <input type="checkbox"/> Joint (G.S. 54-109.58) We <input type="checkbox"/> do <input type="checkbox"/> 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.				
Joint Owner:		SSN/TIN:		
Street:		Driver's Lic. No:		
City/State/Zip:		Date of Birth:		
Home Phone: ()		Home E-mail:	Mother's Maiden Name:	
Work Phone: ()		Work E-mail:		
Joint Owner:		SSN/TIN:		
Street:		Driver's Lic. No:		
City/State/Zip:		Date of Birth:		
Home Phone: ()		Home E-mail:	Mother's Maiden Name:	
Work Phone: ()		Work E-mail:		
ACCOUNT TYPE		ACCOUNT SERVICES		
<input type="checkbox"/> Share/Savings:	<input type="checkbox"/> Trust:	<input type="checkbox"/> Payroll Deduction/Direct Deposit:	<input type="checkbox"/> Audio Response:	
<input type="checkbox"/> Share Draft/Checking:	<input type="checkbox"/> Other:	<input type="checkbox"/> Overdraft Protection (Indicate transfer priority below):		
<input type="checkbox"/> Share Certificate/Certificate:	<input type="checkbox"/> Other:	<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:	
<input type="checkbox"/> Share/Money Market:	<input type="checkbox"/> Other:	<input type="checkbox"/> PC Access/Internet Banking:		
		<input type="checkbox"/> Other:		
ACCOUNT DESIGNATIONS	<input type="checkbox"/> Payable on Death (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.			
	<input type="checkbox"/> All Account		<input type="checkbox"/> Designate Specific Account(s):	
	Beneficiary/POD Payee:		Beneficiary/POD Payee:	
	Street:		Street:	
	City/State/Zip:		City/State/Zip:	
	SSN/TIN:		SSN/TIN:	
	<input type="checkbox"/> UTMA/UGMA (as custodian for the minor, as designated on this document, under the Uniform Transfer/Gifts to Minors Act)			
	Minor's Name _____		*The custodian shall transfer this property to the minor when he/she reaches the age of: (Choose one) <input type="checkbox"/> 18 years <input type="checkbox"/> 19 years <input type="checkbox"/> 20 years <input type="checkbox"/> 21 years	
	Minor's SSN/TIN _____		If no age is designated, then the age (per NC Statutes) will be 21.	
	Minor's Date of Birth _____			
Pursuant to the North Carolina Uniform Transfers to Minors Act, I designate _____ successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.				
Signature of Custodian		(date)		
Witness		(date)		

ACCOUNT DESIGNATIONS (CONTINUED)	<input type="checkbox"/> 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.		
	Print Name of Agent	Signature	(date)
	<input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Account(s):		
<input type="checkbox"/> Other:		<input type="checkbox"/> See Account Authorization Card	

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).*
 (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
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AUTHORIZATION

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, 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 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	X			
Signature	Date	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:
<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
<input type="checkbox"/> OFAC Verification (includes member/owner, joint owners, minors, beneficiaries and/or authorized signers/fiduciaries)		