

ACCOUNT 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.

Suffix

Suffix

- Share/Savings: _____ Money Market: _____
- Share Draft/Checking: _____ HSA: _____
- Share Certificate/Certificate: _____ 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

Work Phone: _____ Employer: _____

Membership Eligibility: _____ E-mail: _____

ACCOUNT OWNERSHIP

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

- Individual
- Joint Account with Rights of Survivorship
- Joint Account without Rights of Survivorship

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X _____ X _____
Signature Signature

Joint Owner: _____ SSN/TIN: _____

Street: _____ Driver's Lic. No: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: _____ Password: _____

- Listed Unlisted

Work Phone: _____ E-mail: _____

Joint Owner: _____ SSN/TIN: _____

Street: _____ Driver's Lic. No: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: _____ Password: _____

- Listed Unlisted

Work Phone: _____ E-mail: _____

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 Transfer 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

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