

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION		
Member/Owner:	Member No:	
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:	Employer's Address:	
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		
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 (POD) Account All Accounts	Designate Specific Accounts	
POD Payee:	POD Payee:	
Street:	Street:	
City/State/Zip:	City/State/Zip:	
UTMA (as custodian for	(minor) under the Minnesota Uniform Transfers to	
Minors Act)		
Minor's SSN/TIN:		
Agency Print Name of Agent:		
Signature:	Date:	
☐ All Accounts	Designate Specific Accounts	
Other:	See Account Authorization Card	
ACCOUNT TYPE		
All of the terms, conditions, form of account ownership, account se accounts listed unless the Credit Union is notified in writing of a change	election and other information indicated on this Card apply to all of the e.	
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 applies to more than one account of the same type, more than one suffix	

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:		
 The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and 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 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). 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)	
CERTIFICATION OF ACCOUNT INFORMATION		
Minnesota law requires the Member/Owner to complete the following information before opening a share draft or checking account:		
1. Within the last twelve (12) months, have you had a checking, share draft, or other account subject to withdrawal by negotiable or transferable instrument? No Yes if so, where?		
2. Within the last twelve (12) months, has any financial institution involuntarily closed your checking, share draft, or other account subject to withdrawal by negotiable or transferable instrument? No Yes if so, why?		
3. Within the last twenty-four (24) months, have you been convicted of a criminal offense involving the use of a check or similar instrument? No Yes		
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. If you knowingly make any false material statements on this Account Card, you may be guilty of perjury. 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	Χ	
Signature Date	Signature Date	
X	X	
Signature Date	Signature Date	
FOR CREDIT UNION USE ONLY See Account Change C	ard 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	