## SAVINGS

## MEMBER SERVICE CARD

ACCOUNT TYPE					
All of the terms, conditions, form of account o credit union is notified in writing of a change.	wnership, account selection and other information i Suffix*	indicated on this card apply to all of the accounts listed below unless the Suffix*			
Share/Savings		oney Market			
Share Draft/Checkin		ving Trust			
Share Certificate		ther			
* The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. 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					
Payroll Deduction/Direct Deposit:		Loan Account Request: Individual Joint			
Audio Response:		Loan Account Credit Insurance Statement of Intent			
Overdraft Protection (Indicates transfer priority):		Credit Card Single Credit Disability			
ATM Card:	Debit Card:	Line of Credit Single Credit Life Overdraft Protection Joint Credit Life			
PC Access/Internet Banking:		(For insurance coverage you must sign a separate cost disclosure and election for this voluntary insurance.)			
Other:					
	MEMBER APPLICATION AND INFO				
Member/Owner:		Member No:			
Street:		SSN/TIN:			
City/State/Zip:		Driver's Lic. No:			
Home Phone:	Listed Unlisted	Date of Birth:			
Work Phone:		Mother's Maiden Name:			
E-mail:		Eligibility for Membership:			
Employment:					
Position/Title: Years: Full Time Part Time Hrs.					
Income: Gross Monthly Income	\$ (or)	Net Monthly Income: \$			
Home: Own Rent		Ionthly Payment: \$			
Designate the ownership of the accounts	ACCOUNT OWNER: and responsibility for the services requested.				
	count with Survivorship				
Joint Owner:		SSN/TIN:			
Street:		Driver's Lic. No:			
City/State/Zip:		Date of Birth:			
Home Phone:	Listed Unlisted	Mother's Maiden Name:			
Work Phone:		E-mail:			
Employment:					
Joint Owner:		SSN/TIN:			
Street:		Driver's Lic. No:			
City/State/Zip:		Date of Birth:			
Home Phone:	Listed Unlisted	Mother's Maiden Name:			
Work Phone:		E-mail:			
Employment:					
	ACCOUNT DESIGNA	ATIONS			
Payable on Death (POD)/Trust Acco	unt				
Beneficiary/POD Payee:		Beneficiary/POD Payee:			
Street:		Street:			
City/State/Zip:		City/State/Zip:			
UTMA/UGMA (as custodian for (minor) under the Uniform Transfers/					
Gifts to Minors Act). Minor's SSN/1	'TN:				
Other:		See Account Authorization Card			

ASSETS		
Make:		
Model:	Year:	
Home:		
Investments:		
Additional Assets:		
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 US. 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.

X		X	
Signature	Date	Signature	Date
SIGNATURES			

By signing below, you certify that the information on this Member Service Card is complete, true, and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Member Service Card for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the credit union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to the terms of the following Agreements applicable to the Accounts and Services requested.

- Membership and Account Agreement. You acknowledge receipt of and 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.
- Overdraft Loan Agreement. If an Overdraft Loan Account is requested and provided, you acknowledge receipt of and agree to the terms of the Overdraft Loan Agreement and Truth in Lending Disclosure.
- Credit Card Agreement. If a Credit Card Account is requested and provided to you, you acknowledge receipt of and agree to the terms of the Credit Card Agreement which governs your Credit Card account. You grant us a security interest in all of your Credit Union Shares in Acct. No.
  \_\_\_\_\_\_\_\_ to secure your Card obligation.
- Electronic Funds Transfer Agreement. If an access card or Electronic Funds Transfer (EFT) Service is requested and provided, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

## The Internal Revenue Service does not require your consent to any provision of this Member Service Card other than the certifications required to avoid backup withholding.

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