

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 No:

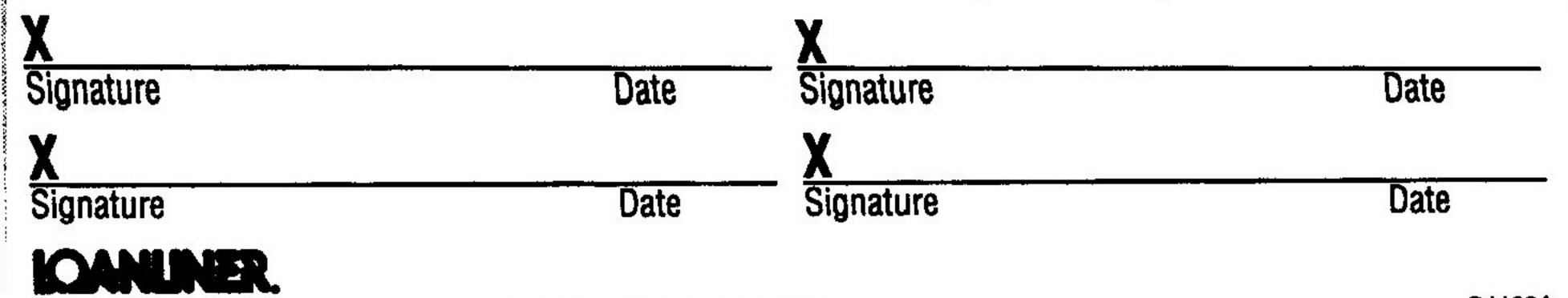
Member/Owner:	
Street:	
City/State/Zip:	
Home Phone:	
Listed Unlisted	Password:
Work Phone:	
Membership Eligibility:	

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).

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.

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.





. ACCOUNT	SERVICES	
Payroll Deduction/Direct Deposit:	ATM Card:	
Overdraft Protection (Indicate transfer priority.):	Debit Card:	
	Audio Response:	
PC Access/Internet Banking:	Other:	
ACCOUNT O	WNERSHIP ······	
Designate the ownership of the accounts and responsit	bility for the services requested.	
Individual Joint Account wit Rights of Survivo		
Joint Owner:		
Street:		
City/State/Zip:	Driver's Lic. No:	
Home Phone: Listed Unlisted	Date of Birth:	
	Password:	
Work Phone:	E-mail:	
Joint Owner:		
Street:		
City/State/Zip:		
Home Phone:		
Listed Unlisted	Date of Birth:	
Work Dhone:	Password:	
Work Phone:ACCOUNT DE	E-mail:	
Payable on Death (POD)/Trust Account	DIURAIUND	
	Accounts:	
	Beneficiary/POD Payee:	
	Street: City/State/Zip:	
UTMA/UGMA (as custodian for		
	SN/TIN:	
Agency Print Name of Agent:		
Signature:		
All Accounts Designate Specific /		
Other:	See Account Authorization Card	
FOR CREDIT UNION USE ONLY See Account Cl		
Date of Membership: Opened /Appld by:	<u>Member Verification:</u>	
Credit Report	Pin Request	

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