



Name of Primary: _____

Member Account Number: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **WHAT THAT MEANS TO YOU:** When you open an account, we will ask for your name, physical address, date of birth, and other information that will allow us to identify you. We may also ask to see or have a copy of your driver's license or other identifying documents.

ADDITIONAL USER – FILL OUT COMPLETELY

ADDITIONAL USER – FILL OUT COMPLETELY

First Name Initial Last Name

First Name Initial Last Name

Street/City/State/Zip

Street/City/State/Zip

Mailing/City/State/Zip

Mailing/City/State/Zip

ID# (Driver's License or Govt. ID) State of Issue Exp Date

ID# (Driver's License or Govt. ID) State of Issue Exp Date

Primary Phone (and area code) E-mail Address

Primary Phone (and area code) E-mail Address

SSN/TIN# Date of Birth

SSN/TIN# Date of Birth

Type of Ownership:
 Joint Owner with right of survivorship Authorized User
 Beneficiary/POD

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 Joint Owner with right of survivorship Authorized User
 Beneficiary/POD

Member #: _____

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Type of Ownership:
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 Beneficiary/POD

Member #: _____

Member #: _____

Under penalties of perjury, I certify that:

- (1) The Social Security number shown on this membership card is my correct SSN.
- (2) All information is true, to the best of my knowledge.

Your signature below indicates that you/we agree to the terms and conditions of the Terms and Conditions of your Account; Truth-in-Savings Disclosure, Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement, if applicable, and to any amendment made from time to time by the Credit Union and incorporated herein. The undersigned also agrees to authorize the Credit Union to verify credit and employment history by necessary means, including preparation of a credit report by a credit reporting agency on the undersigned, as individuals. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**



Accounts insured up to \$500,000
 American Share Insurance insures each account up to \$250,000. Excess Share Insurance Corporation provides up to an additional \$250,000 of insurance per account. By member choice, This institution is not federally insured, and if the institution fails, the Federal government does not guarantee that depositors will get back their money.

All additional accounts opened are acting in the same manner, meaning, if there is a joint owner/authorized user, they are joint owner/authorized user on all accounts under this account number.

Primary Member - Printed Name	Primary Member - Signature	Date
Joint/Authorized Signer - Printed Name	Joint/Authorized Signer - Signature	Date
Joint/Authorized Signer - Printed Name	Joint/Authorized Signer - Signature	Date
Joint/Authorized Signer - Printed Name	Joint/Authorized Signer - Signature	Date
Joint/Authorized Signer - Printed Name	Joint/Authorized Signer - Signature	Date

OFFICE USE ONLY:

Opened By: _____

Verified By: _____

Scanned By: _____

ChexSystems/OFAC

ASI Acknowledgement

Scanned ID

Debit Card/ATM Card: _____

ADDITIONAL NOTES: