

ACCOUNT CARD

| MEMBER APPLICATION AND OWNERSHIP INFORMATION | |
|--|------------|
| Member/Owner: | Member No: |

| | |
|---|---------------------|
| Street: | SSN/TIN: |
| City/State/Zip: | Driver's Lic. No: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Date of Birth: |
| Work Phone: | Password: |
| E-mail: | Employer: |
| Membership Eligibility: | 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

Signature X _____ Signature X _____

| | |
|---|-------------------|
| Joint Owner: | SSN/TIN: |
| Street: | Driver's Lic. No: |
| City/State/Zip: | Date of Birth: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Password: |
| Work Phone: | E-mail: |

| | |
|---|-------------------|
| Joint Owner: | SSN/TIN: |
| Street: | Driver's Lic. No: |
| City/State/Zip: | Date of Birth: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Password: |
| Work Phone: | E-mail: |

| | |
|---|-------------------|
| Joint Owner: | SSN/TIN: |
| Street: | Driver's Lic. No: |
| City/State/Zip: | Date of Birth: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Password: |
| Work Phone: | E-mail: |

| ACCOUNT DESIGNATIONS |
|----------------------|
|----------------------|

Payable on Death (POD) Account

| | |
|-----------------|-----------------|
| Payee: | Payee: |
| Street: | Street: |
| City/State/Zip: | City/State/Zip: |

Convenience Account Print Name of Convenience Person: _____

Signature: _____ Date: _____

Personal Custodian Account (as custodian for _____).

Other: See Account Authorization 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* |
| <input type="checkbox"/> Share/Savings: _____ | <input type="checkbox"/> Money Market: _____ |
| <input type="checkbox"/> Share Draft/Checking: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Share Certificate/Certificate: _____ | <input type="checkbox"/> Other: _____ |

*The account number for each of the accounts listed consists of the suffix number 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.

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority.):

ATM Card:

Debit Card:

PC Access/Internet Banking:

Other:

UTMA CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "ACCOUNT TYPE" section is/are held by the custodian(s) named below for

(Minor),

(Minor's SSN/TIN)

under the Maryland Uniform

Transfers to Minors Act.

Custodian 1:

Custodian 2:

Name:

Name:

Address:

Address:

Phone:

Phone:

DOB:

DOB:

SSN/TIN:

SSN/TIN:

UTMA DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Maryland Uniform Transfers to Minors Act, I designate:

successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.

X

X

Signature of Custodian

Date

Witness

Date

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.

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 Funds 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

FOR CREDIT UNION USE ONLY

See Account Change Card

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