

# ACCOUNT 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\*

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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 APPLICATION AND OWNERSHIP INFORMATION

Member No: \_\_\_\_\_

Member/Owner: \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Listed  Unlisted

Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Membership Eligibility: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 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: \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Listed  Unlisted

Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Joint Owner: \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Listed  Unlisted

Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 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. **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

**LOANLINER.**

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D1117(2) (TN)  
TO ORDER 1-800-356-5012

**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 U.S. 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-9 BEN if you are not a U.S. person.

**ACCOUNT SERVICES**

- Payroll Deduction/Direct Deposit: \_\_\_\_\_  ATM Card: \_\_\_\_\_
- Overdraft Protection (Indicate transfer priority.): \_\_\_\_\_  Debit Card: \_\_\_\_\_
- \_\_\_\_\_  Audio Response: \_\_\_\_\_
- PC Access/Internet Banking: \_\_\_\_\_  Other: \_\_\_\_\_

**ACCOUNT DESIGNATIONS**

- Payable on Death (POD)/Trust Account
- Beneficiary/POD Payee: \_\_\_\_\_ Beneficiary/POD Payee: \_\_\_\_\_
- Street: \_\_\_\_\_ Street: \_\_\_\_\_
- City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
- Agency  Agent only for HSA
- Print Name of Agent: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Other: \_\_\_\_\_  See Account Authorization Card

**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 Tennessee Uniform Transfers to Minors Act.

Custodian 1 - Name: \_\_\_\_\_

Custodian's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Custodian 2 - Name: \_\_\_\_\_

Custodian's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

**UTMA DESIGNATION OF SUCCESSOR CUSTODIAN**

Pursuant to the Tennessee Uniform Transfers to Minors Act, I hereby 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.

Signature of Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ 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