

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit ATM Card _____

Overdraft Protection (Indicate transfer priority below) Debit Card _____

_____ Audio Response _____

PC Access/Internet Banking _____ Other _____

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Survivorship Joint Account without Survivorship

Joint Owner _____ SSN/TIN _____

Street _____ Driver's Lic. No _____

City/State/Zip _____ Date of Birth _____

Home Phone () _____ Password _____

Listed Unlisted E-mail _____

Work Phone () _____

Joint Owner _____ SSN/TIN _____

Street _____ Driver's Lic. No _____

City/State/Zip _____ Date of Birth _____

Home Phone () _____ Password _____

Listed Unlisted E-mail _____

Work Phone () _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All accounts Designate specific account(s) _____

Beneficiary/POD Payee _____ Beneficiary/POD Payee _____

Street _____ Street _____

City/State/Zip _____ City/State/Zip _____

Agency Print name of Agent _____

Signature _____ (date) _____

All Accounts Designate specific account(s) _____

UTTMA/UGMA (as custodian for _____ (minor) under the
Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN _____

Other _____ See Account Authorization Card

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