

Membership Information

Full Name: _____

Member No. _____

Street Address: _____

SSN/TIN: _____

City/State/Zip: _____

Driver's Lic. No: _____

Home Phone: _____

Date of Birth: _____

Listed

Unlisted

Work Phone: _____

Email: _____

Account Ownership (who will have access to the account?)

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

Joint Account with Rights of Survivorship

Joint Account without Rights of Survivorship

Joint Owner: _____

Street Address: _____

SSN/TIN: _____

City/State/Zip: _____

Driver's Lic. No: _____

Home Phone: _____

Date of Birth: _____

Password: _____

Work Phone: _____

Email: _____

Account Designations (Who can legally claim your funds in the event of your death)

Payable on Death (POD)/Trust Account

All Accounts

Designate Specific Accounts: _____

Beneficiary/POD Payee: _____

Beneficiary/POD Payee: _____

Street: _____

Street: _____

City/State/Zip: _____

City/State/Zip: _____

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

Agency Print Name of Agent: _____
Signature: _____ Date: _____

All Accounts Designate Specific Accounts: _____

Other: _____ See Account Authorization Card

X _____
Signature Date

X _____
Signature Date

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership: _____ Opened/ App'd by: _____ Member Verification _____