

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 ( ) \_\_\_\_\_ Security Code \_\_\_\_\_

Listed  Unlisted E-mail \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Joint Owner \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Street \_\_\_\_\_ Driver's Lic. No \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Security Code \_\_\_\_\_

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