

ACCOUNT SERVICES

43

Payroll Deduction/Direct Deposit

~~ATM Card~~

~~Overdraft Protection (Indicate transfer priority below)~~

Debit Card

~~Audio Response~~

PC Access/Internet Banking

Other CHECKS

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