



PO Box 4900
 Orlando, FL 32802-4900
 Call Center: (407) 426-6000
 Toll Free: (888) 843-8328
 Fax: (407) 426-6056



Member Application

MEMBER APPLICATION AND OWNERSHIP INFORMATION	Member No:
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Member/Owner:

Designate the ownership of the accounts and responsibility for the services requested.
 Individual Joint Account with Survivorship Joint Account with Survivorship and POD

Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No.:
Home Phone:	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility:
Employer:	

ACCOUNT OWNERSHIP

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone:	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone:	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone:	Password:
Work Phone:	E-mail:

ACCOUNT DESIGNATIONS

Payable on Death (POD) / Trust Account All Account Types

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:

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

AGENCY Name of agent: _____ (please print)
 Signature: _____ (date)
 All Accounts Designate Specific account(s)

See Account Authorization Card **Other**

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Suffix *	Suffix *
<input type="checkbox"/> Share/Savings _____	<input type="checkbox"/> Money Market _____
<input type="checkbox"/> Share Draft/Checking _____	<input type="checkbox"/> Living Trust _____
<input type="checkbox"/> Share Certificate _____	<input type="checkbox"/> Other _____

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number listed. If this applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection System Default (SI) Other (list priority)

ATM Card: Debit Card

PC Access/Internet Banking:

Other:

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,*
- (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-8 BEN if you are not a U.S. person.

DEPOSIT AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time. The terms and conditions of these documents are incorporated herein. I/We acknowledge receipt of a copy of the Agreement 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 Funds Transfer Agreement. **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

SIGNATURE DATE

X

SIGNATURE DATE

X

SIGNATURE DATE

X

SIGNATURE DATE

FOR CREDIT UNION USE ONLY

Papers Initiated By:

See Insurance Beneficiary Card

Date of Membership:

Opened/App'd by:

Member Verification:

Credit Report

Phone Request Mail

Access Cards – Debit

ChexSystem:

In Office SEG Sign-up

PC Access/Internet Banking / Audio Response