ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:		**Account No:**
Street:		SSN/TIN:
City/State/Zip:		Driver's Lic. No:
Home Phone:	Home E-mail:	Valid Student ID Number:
Work Phone:	Work E-mail:	Date of Birth:
Employment:		Mother's Maiden Name:
		Eligibility for Membership:

ACCOUNT OWNERSHIP

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

☐ **Individual** ☐ **Joint (G.S. 54-109.58) We** ☐ **do** ☐ **do not elect to create the Right of Survivorship in this account**

We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: (1) The Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have directed that withdrawals require more than one signature; and (2) If we elect to create the right of survivorship in the account, that upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

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

ACCOUNT TYPE		ACCOUNT SERVICES	
☐ Share/Savings:	☐ Trust:	☐ Payroll Deduction/Direct Deposit:	☐ Audio Response:
☐ Share Draft/Checking:	☐ Other:	☐ Overdraft Protection (Indicate transfer priority below):	
☐ Share Certificate/Certificate:	☐ Other:	☐ ATM Card:	☐ Debit Card:
☐ Share/Money Market:	☐ Other:	☐ PC Access/Internet Banking:	
		☐ Other:	

ACCOUNT DESIGNATIONS

☐ **Payable on Death (G.S. 54-109.57).** I/we understand that by establishing a Payable on Death account under the provisions of North Carolina General Statute 54-109.57 that: (1) during my/our lifetime I/we may withdraw the money in the account; and (2) by written direction to the Credit Union I/we individually or jointly, may change the beneficiary or beneficiaries; and (3) upon my/our death the money remaining in the account will belong to the beneficiary or beneficiaries and the money will not be inherited by my (or our) heirs or be controlled by will.

☐ All Account ☐ Designate Specific Account(s):

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

☐ UTMA (as custodian for the minor, as designated on this document, under the Uniform Transfer/Gifts to Minors Act)

Minor's Name

Minor's SSN/TIN Minor's Date of Birth

*The custodian shall transfer this property to the minor when he/she reaches the age of: (Choose one) ☐ 18 years ☐ 19 years ☐ 20 years ☐ 21 years

If no age is designated, then the age (per NC Statues) will be 21.

Pursuant to the North Carolina Uniform Transfers to Minors Act, I designate _____ successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.

Signature of Custodian (date)

Witness (date)

☐ **Personal Agency Account (G.S. 54-109.63)** I understand that by establishing a personal agency account under the provisions of N.C.G.S. 54-109.63 that the agent named in the account may (1) sign checks drawn on the account; and (2) make deposits into the account. I also understand that upon my death the money remaining in the account will be controlled by my will or inherited by my heirs.

Print Name of Agent Signature (date)

☐ All Accounts ☐ Designate Specific Account(s):

☐ **Other:** ☐ **See Account Authorization Card**

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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 (or I am waiting for a number to be issued), and
(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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

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 amendment the Credit Union makes from time to time which 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		**X**		**X**	
Signature	Date	Signature	Date	Signature	Date

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

☐ OFAC Verification (includes member/owner, joint owners, minors, beneficiaries and/or authorized signers/fiduciaries)

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