

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit
- Overdraft Protection (Indicate transfer priority below)

- PC Access/Internet Banking _____
- ATM Card _____
- Debit Card _____
- Audio Response _____
- 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 () _____ Password _____
 Listed Unlisted E-mail _____
Work Phone () _____

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

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account

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

Agency Print name of Agent _____
Signature _____ (date) _____

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