

## ACCOUNT CARD

**Member's Mailing Address:** \_\_\_\_\_

New    Update   Member Number: \_\_\_\_\_ Eligibility for Membership: \_\_\_\_\_

### MEMBER APPLICATION AND OWNERSHIP INFORMATION

|                        |                  |                                  |
|------------------------|------------------|----------------------------------|
| Member/Owner _____     | Work Phone _____ | SSN/TIN _____                    |
| Ultggy Address _____   | E-Mail _____     | ID No _____                      |
| Ekst( lUcvgl lkr _____ | Employer _____   | Issuing Auth. _____ DOB _____    |
| Home Phone _____       | Occupation _____ | Issue Date _____ Exp. Date _____ |

### ACCOUNT OWNERSHIP

Designate the ownership of the account & responsibility for the services requested.    Individual    Joint Account with Survivorship    Joint Account no Survivorship

|                      |                  |                                  |
|----------------------|------------------|----------------------------------|
| Joint Member 1 _____ | Work Phone _____ | SSN/TIN _____                    |
| Hwm Address _____    | 0 _____          | ID No _____                      |
| G'o ckn _____        | Employer _____   | Issuing Auth. _____ DOB _____    |
| Home Phone _____     | Occupation _____ | Issue Date _____ Exp. Date _____ |

|                      |                  |                                  |
|----------------------|------------------|----------------------------------|
| Joint Member 2 _____ | Work Phone _____ | SSN/TIN _____                    |
| Street Address _____ | E-Mail _____     | ID No _____                      |
| City/State/Zip _____ | Employer _____   | Issuing Auth. _____ DOB _____    |
| Home Phone _____     | Occupation _____ | Issue Date _____ Exp. Date _____ |

### ACCOUNT SERVICES

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

Share/Draft Checking    SR Account    Money Market    Safari Savers    Debit Card    CU Online    Bill Pay

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

### BENEFICIARY INFORMATION

Payable on Death (POD) / Trust Account

|                             |                             |
|-----------------------------|-----------------------------|
| Beneficiary/POD Payee _____ | Beneficiary/POD Payee _____ |
| Address _____               | Address _____               |
| City/State/Zip _____        | City/State/Zip _____        |

### 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.

### 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.* I (we) apply for Visa debit card services and agree to the terms and conditions of the Visa Debit Card Agreement, Electronic Funds Transfer Disclosure and ATM Safety Precautions. By signing below, using your PIN, or Authorizing any other person to use your PIN to access personal computer *CUOnline* service and *CUByPhone* service at Community South Credit Union, you apply for personal computer *CUOnline* service and *CUByPhone* service and agree to the terms and conditions of the *CUOnline* and *CUByPhone* agreement and electronic funds transfer disclosures. I also authorize Community South Credit Union to pull my official credit report.

**X** \_\_\_\_\_  
 Signature Date

**X** \_\_\_\_\_  
 Signature Date

**X** \_\_\_\_\_  
 Signature Date

**X** \_\_\_\_\_  
 Signature Date

### FOR CREDIT UNION USE ONLY

OFAC Check    Telecheck    Credit Report    CU by Phone    CU Online    Disclosure Package    Debit/ATM Card

Date of Membership \_\_\_\_\_ Opened By \_\_\_\_\_ Approved By \_\_\_\_\_