



MEMBERSHIP APPLICATION & AGREEMENT

1044 Hwy. 90, East Chipley, FL 32428
(866) 638-8376 • Fax: (850) 638-4055

Eligibility			
Name		Account Number	Br. No.
Account Type(s):	<input type="checkbox"/> Primary Share	<input type="checkbox"/> Christmas Club	<input type="checkbox"/> Vacation Club
	<input type="checkbox"/> Rock Your Change	<input type="checkbox"/> Money Market	<input type="checkbox"/> Regular Checking
Account Ownership:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint with Survivorship	<input type="checkbox"/> Joint without Survivorship
		<input type="checkbox"/> POD	<input type="checkbox"/> Trust

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account.

What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

Primary Member Information

Member Trust Other Specify: _____ Are You a Non-Resident Alien? Yes No

First Name		Last Name		Middle Name		Suffix	
Address		Apt/Box	City		State	Zip	
Home Telephone		Business Telephone		E-Mail Address		Birth Date	
Social Security Number		Driver's License Number/State/Exp. Date		Employer/Occupation			

Joint Owner 1 Information

Joint Owner Trustee Other Specify: _____

First Name		Last Name		Middle Name		Suffix	
Address		Apt/Box	City		State	Zip	
Home Telephone		Business Telephone		E-Mail Address		Birth Date	
Social Security Number		Driver's License Number/State/Exp. Date		Employer/Occupation			

Joint Owner 2 Information

Joint Owner Trustee Other Specify: _____

First Name		Last Name		Middle Name		Suffix	
Address		Apt/Box	City		State	Zip	
Home Telephone		Business Telephone		E-Mail Address		Birth Date	
Social Security Number		Driver's License Number/State/Exp. Date		Employer/Occupation			

Payable-On-Death Account Beneficiary Designation

In the event of Your death, You hereby designate the following beneficiary(ies).

Name _____ Address _____ Percentage _____
 Name _____ Address _____ Percentage _____
 Name _____ Address _____ Percentage _____

VISA Check Card/CuBy Phone/CuOnline/Bill Payment

You are requesting the convenience of 24-hour access to Your Credit Union Account, in conjunction with a Personal Identification Number (PIN) or Access Code. Your Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your share draft account. You would like:

VISA Check Card CuBy Phone CuOnline Bill Payment

Name on Card 1: _____

Name on Card 2: _____

Name on Card 3: _____

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) You are exempt from FATCA reporting.

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number.

Revocable Living Trust

You hereby certify that:

- (1) This is a revocable living trust. Name of Trust _____;
- (2) The Trustee(s) can accomplish all banking transactions including the deposit and withdrawal of funds and the maintenance of a Safe Deposit Box;
- (3) The Trust Agreement appoints:

 as Successor Trustee(s) upon death, legal incapacitation, resignation or incompetence of the (both) Settlor(s) who shall have all the powers identified herein;

- (4) You understand that the Credit Union will rely on the accuracy of the foregoing information and We will continue to do so until We receive notice in writing that this certification has been revoked. You indemnify Us from any liability and costs We may incur by reason of such reliance. Upon Our request, We shall be entitled to a copy of the trust and any related documents.

You waive all right, title and interest which You may now have as an individual or joint owner of the account funds and transfer ownership of this account to the revocable living trust named above.

You agree to be bound by the terms and conditions of this Account with Community South Credit Union and the Credit Union's bylaws rules and regulations in effect from time to time.

Lien Impressionment and Set-Off. You agree that We may impress and enforce a statutory lien upon any and all individual, joint or living trust Accounts with Us to the extent You owe Us any money and We may enforce Our right to do so without further notice to You. We have the right to set-off any of Your money or property in Our possession against any amount You owe Us. The right of set-off and Our impressed lien does not extend to any Keogh, IRA or similar tax deferred deposit You may have with Us. If Your Account is owned jointly, Our right of set-off and Our impressed lien extends to any amount owed to Us by any of the joint Owners.

We will recognize the signatures below in their trustee capacity, regardless of such designation as trustee, when authorizing any transaction for this account.

 Signature of Settlor/Trustee of above Trust

 Signature of Settlor/Co-Trustee of above Trust

 Signature of Settlor/Co-Trustee of above Trust

 Signature of Settlor/Co-Trustee of above Trust

Signatures

You hereby apply for membership with Community South Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Community South Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Community South Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

 Applicants (Primary Member) Signature

 Date

 Joint Owner #1 Signature

 Date

 Joint Owner #2 Signature

 Date

Credit Union Use Only

Date of Membership _____ Opened/by _____ Membership Officer: _____
 _____ Credit Report _____ Check Card Ordered _____ Telecheck _____ OFAC
 _____ Checks Ordered _____ CuBy Phone _____ CuOnline _____ Bill Payment