



# ACCOUNT CARD

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

<b>Account Number:</b>		<b>Date Opened:</b>	
<input type="checkbox"/> New Account <input type="checkbox"/> Name Add <input type="checkbox"/> Name Change <input type="checkbox"/> Name Delete		<b>Change Date:</b>	
<b>Account Ownership:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Individual with POD <input type="checkbox"/> Joint w/ Survivorship <input type="checkbox"/> Joint w/ Survivorship and POD <input type="checkbox"/> UTTMA <input type="checkbox"/>			
<b>Member Name:</b>		<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint Owner <input type="checkbox"/> UTTMA Minor <input type="checkbox"/>	
Street:		Identification:	
City/State/Zip:		State:	Issue Date:      Exp. Date:
SSN/TIN:	Date of Birth:	Home Phone: (    )	Work Number: (    )
Email:		Mother's Maiden Name:	
Eligibility for Membership:		Employer:	
Mailing Address:		Dept:	
<b>Name 2:</b>		<input type="checkbox"/> Joint Owner <input type="checkbox"/> Custodian <input type="checkbox"/>	
Street:		Identification:	
City/State/Zip:		State:	Issue Date:      Exp. Date:
SSN/TIN:		Date of Birth:	
<b>Name 3:</b>		<input type="checkbox"/> Joint Owner <input type="checkbox"/>	
Street:		Identification:	
City/State/Zip:		State:	Issue Date:      Exp. Date:
SSN/TIN:		Date of Birth:	
<b>POD Payee 1:</b>		Relationship to Member:	
<b>POD Payee 2:</b>		Relationship to Member:	
<b>POD Payee 3:</b>		Relationship to Member:	
<b>UTTMA Successor Custodian:</b>		Relationship to Member:	

ACCOUNT TYPE/SUFFIX	ADDITIONAL ACCOUNT SERVICES	DISTRIBUTION AMOUNT/FREQUENCY
<input type="checkbox"/> Main Share Savings    Suffix 0 <input type="checkbox"/> Share/Savings          Suffix(es): _____ <input type="checkbox"/> Share Draft/Checking    Suffix(es): _____ <input type="checkbox"/> Money Market            Suffix(es): _____ <input type="checkbox"/> Other                        Suffix(es): _____ <input type="checkbox"/> Other                        Suffix(es): _____	<input type="checkbox"/> Telephone Teller <input type="checkbox"/> Debit Card or <input type="checkbox"/> ATM Card <input type="checkbox"/> PC Banking <input type="checkbox"/> Overdraft Protection/Savings <input type="checkbox"/> Other <input type="checkbox"/> Other	<input type="checkbox"/> ACH/Direct Deposit <input type="checkbox"/> Savings <input type="checkbox"/> Checking Distribute to: Suffix: _____ Amt: _____ Freq: _____ Suffix: _____ Amt: _____ Freq: _____ Suffix: _____ Amt: _____ Freq: _____ Suffix: _____ Amt: _____ Freq: _____

## 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.

## ELECTION OF LENDING SERVICE

**LOANLINER Account:**  Individual or  Joint Credit: By checking the box for the LOANLINER Account, you are establishing an Open End Credit Plan with the credit union. You can open a Credit Plan even if you are not requesting credit today. Once the Credit Plan is opened, this allows you to make a loan request now or in the future (Including ATM/Debit Card Access to the account if Available). Please read the LOANLINER Credit and Security Agreement and Addendum accompanying this form.

**Credit Card Account:**  Individual or  Joint Credit: By checking the box for the Credit Card Account, you are requesting a Credit Card at this time. (There are costs associated with the use of the credit card. To obtain information about these costs, contact us at the toll-free number or address provided above).

**I wish to enroll for Credit Life and/or Credit Disability Insurance:**  YES: Complete the Credit Insurance Enrollment form;  NO, not at this time.

## AUTHORIZATION

1. By signing you acknowledge receipt of a copy of the Membership Account Agreement, Funds Availability Disclosure, Electronic Fund Disclosure, Truth and Savings Rate and Fee Schedule and Credit and Security Agreement (including the Addendum and a Credit Insurance Certificate if applicable). By signing you agree to the terms and conditions of each of the agreements/disclosures applicable to the accounts and services elected above, which are incorporated herein by reference that when opened by mail will be sent after the account is opened, and any amendments the Credit Union makes from time to time which are incorporated herein.

2. You authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with your request for credit and for any update, renewal or extension of the credit received. You understand the Credit Union will rely on the information in your credit reports. If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.

3. If you are applying for a credit card, you understand that the use of your credit card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures.

**4. By signing a LOANLINER® Plan, you grant us a security interest in all individual and joint accounts you have with us now and in the future to secure what you owe under the Credit and Security Agreement and if you have applied for a Credit Card, under the Credit Card Agreement. When you are in default you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.**

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

<b>X</b>	<b>X</b>	<b>X</b>	
SIGNATURE/MEMBER	SIGNATURE/NAME #2	SIGNATURE/NAME #3	
DATE	DATE	DATE	DATE
<b>CREDIT UNION USE</b> MECU EMPLOYEE:		BRANCH:	DATE: