



Please complete highlighted area.

# Member Services Request

NEW       UPDATE      DATE: \_\_\_\_\_      MEMBER NO: \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT PROCEDURES 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 when opening a new account. **What this means for you:** When you open an account, we will ask 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.

## MEMBER/OWNER INFORMATION

Update

Member/Owner Name:	SSN/TIN:	
Mailing Address:	ID Type:	
City/State/Zip:	ID Number:	
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Employer:	Occupation/Title:	

*The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.*

## ACCOUNT OWNERSHIP

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

Individual       Joint Account with Rights of Survivorship       Joint Account without Rights of Survivorship

## JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Joint Owner    UTMA/UGMA Custodian    Agent    Other Authorized Signer (Describe): \_\_\_\_\_  
 Add    Update    Remove      See Account Authorization Card

Name #1:	SSN/TIN:	
Mailing Address:	ID Type:	
City/State/Zip:	ID Number:	
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Employer:	Occupation/Title:	

Joint Owner    Agent    Other Authorized Signer (Describe): \_\_\_\_\_  
 Add    Update    Remove      See Account Authorization Card

Name #2:	SSN/TIN:	
Mailing Address:	ID Type:	
City/State/Zip:	ID Number:	
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	E-Mail:
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Employer:	Occupation/Title:	

**JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)**

Joint Owner    Agent    Other Authorized Signer (Describe): \_\_\_\_\_  
 Add    Update    Remove   See Account Authorization Card

Name #3: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Listed  Unlisted   E-Mail: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted   Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

**ACCOUNT TYPES**

Share/Savings: \_\_\_\_\_  Add  Remove    Money Market: \_\_\_\_\_  Add  Remove  
 Share Draft/Checking: \_\_\_\_\_  Add  Remove    Other: \_\_\_\_\_  Add  Remove  
 Share Certificate/Certificate: \_\_\_\_\_  Add  Remove    Other: \_\_\_\_\_  Add  Remove

**ACCOUNT SERVICES**

ATM Card: \_\_\_\_\_  Add  Remove    Overdraft Protection    Update  
 Debit Card: \_\_\_\_\_  Add  Remove   Indicate transfer priority:  
 Audio Response: \_\_\_\_\_  Add  Remove   1. \_\_\_\_\_  
 Internet Banking: \_\_\_\_\_  Add  Remove   2. \_\_\_\_\_  
 Mobile Banking: \_\_\_\_\_  Add  Remove   3. \_\_\_\_\_  
 Bill Payment: \_\_\_\_\_  Add  Remove   4. \_\_\_\_\_  
 Other: \_\_\_\_\_  Add  Remove

**ACCOUNT DESIGNATIONS**

Payable on Death (POD)/Trust Account    All Accounts    Designate Specific Accounts: \_\_\_\_\_  
 Add    Update    Remove    Add    Update    Remove  
Beneficiary/POD Payee: \_\_\_\_\_ Beneficiary/POD Payee: \_\_\_\_\_  
SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_   SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**UTMA/UGMA**

\_\_\_\_\_ (as custodian for \_\_\_\_\_ (minor)  
under the Uniform Transfers/Gifts to Minors Act.) Minor's SSN/TIN: \_\_\_\_\_

**Agency**

Name of Agent: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 All Accounts    Designate Specific Accounts: \_\_\_\_\_

**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.** Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. 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 or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy Disclosure, 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 that I/we have received and read the agreements 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 that I/we have received and read the Electronic Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

*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>Member/Owner</b>	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

**FOR CREDIT UNION USE ONLY**

Date of Membership: \_\_\_\_\_ Opened/Approved By: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

Member Verification: \_\_\_\_\_

Verification List(s) Checked:  OFAC  Other: \_\_\_\_\_

List Verification Completion Date: \_\_\_\_\_ By: \_\_\_\_\_

Reports Checked:  Credit Report  Check Verification Report  Other: \_\_\_\_\_

Overdraft Protection Opt-in Completion Date: \_\_\_\_\_

# FUND/WIRE TRANSFER AGREEMENT

From time to time you may desire to initiate a fund transfer from authorized accounts held at the Credit Union. These fund transfers requests are called payment orders in this Agreement. This Agreement governs all payment orders you give us.

**MEMBER NO:** \_\_\_\_\_

### MEMBER IDENTITY INFORMATION

<b>Member/Owner:</b> _____	<b>Day Phone No:</b> _____
<b>Mailing Address:</b> _____	<b>City/State/Zip:</b> _____

### ACCOUNTS SUBJECT TO THIS AGREEMENT

The following authorized accounts are governed by this Agreement:

<input type="checkbox"/> Share/Savings: _____ Suffix _____	<input type="checkbox"/> Share Draft/Checking: _____ Suffix _____	<input type="checkbox"/> Money Market: _____ Suffix _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed. If this Agreement applies to more than one account of the same type, more than one suffix will be listed for that account type.

### SECURITY MEASURES

The following security measures shall be used by the Credit Union for the purpose of verifying all payment order requests. The Credit Union will use the security measures checked below.

**Call Back Procedure** - When we receive your payment order request, we will confirm the payment order by calling any of the contact persons authorized to verify transfers at the telephone number listed below:

<b>Contact Person #1:</b> _____	<b>Day Phone No:</b> _____
<b>Contact Person #2:</b> _____	<b>Day Phone No:</b> _____
<b>Contact Person #3:</b> _____	<b>Day Phone No:</b> _____

**Password** - When verifying and authorizing a payment order you must give us your password which is: \_\_\_\_\_

**Other Security Measures:** \_\_\_\_\_

### LIMITATIONS ON PAYMENT ORDERS

You authorize the following checked limitations and criteria to be applicable to each transaction covered by this Agreement. The Credit Union will use the limitations checked below to process the fund/wire transfer.

**Frequency:** You will make up to \_\_\_\_\_ payment orders per \_\_\_\_\_  **Other:** \_\_\_\_\_

**Amounts:** The maximum amount of any payment order is \$ \_\_\_\_\_

The minimum amount of any payment order is \$ \_\_\_\_\_

### AUTHORIZATIONS

You authorize the following persons to submit payment orders in your name unless and until you notify the Credit Union in writing of a change. As permitted by applicable state law, the Credit Union may rely on any actual or facsimile signature that reasonably resembles the signature of the Authorized Person provided below and will be entitled to honor and charge you for all such payment orders. You agree to assume liability for these transactions to the extent permitted under applicable state law.

_____	_____	<b>X</b>
Authorized Person #1 (print)	Title (if applicable)	Authorized Person Signature
_____	_____	<b>X</b>
Authorized Person #2 (print)	Title (if applicable)	Authorized Person Signature
_____	_____	<b>X</b>
Authorized Person #3 (print)	Title (if applicable)	Authorized Person Signature
_____	_____	<b>X</b>
Authorized Person #4 (print)	Title (if applicable)	Authorized Person Signature

### AGREEMENT

This Fund/Wire Transfer Agreement ("Agreement") governs the procedures and responsibilities concerning payment orders initiated by the Account Owner through the credit union named in this Agreement.

**DEFINITIONS:** In this Agreement, the words, "you," "your," and "yours" mean the Account Owner that signs this Agreement. The words "we," "us," and "our" mean the Credit Union that signs this Agreement. The word "account" means any account or accounts designated on this Agreement. The terms used in the Agreement have the meaning given to them in Article 4A of the Uniform Commercial Code.

**ACCOUNT OWNER LIABILITY:** You agree to be bound by any payment order, whether or not authorized, issued in your name accepted by us in compliance with the security procedures chosen by you in this Agreement.

**CHANGES TO AGREEMENT:** The security procedures and other terms of this Agreement may be changed only by amendment to this Agreement or by executing a new Agreement. The Agreement may not be changed by an oral agreement or by a course of dealing or custom.

**SECURITY PROCEDURES:** We will follow the security agreement procedures identified in this Agreement. You agree that these procedures are commercially reasonable methods of verifying payment orders and other fund transfers.

**UNIFORM COMMERCIAL CODE ARTICLE 4A:** Any fund transfers that we permit that are subject to Article 4A of the Uniform Commercial Code will be subject to the provisions of this Agreement and the provisions of the Uniform Commercial Code as enacted by the state where the main office of the Credit Union is located.

**PAYMENT ORDERS:** This is not the document that authorizes a payment order or other fund transfers. We may require you to complete a separate document at the time of each payment order.

**NOTICE:** Notice to any Account Owner is considered notice to all Account Owners.

### SIGNATURES

By signing below the parties agree to all the terms and conditions of this Agreement and acknowledge receipt of a copy.

_____	_____	<b>X</b>	
Account Owner (print)	Title (if applicable)	Signature	Date
_____	_____	<b>X</b>	
Credit Union Representative (print)	Title (if applicable)	Signature	Date