

MOUNT JEZREEL FEDERAL CREDIT UNION – NEW ACCOUNT INFORMATION

ACCOUNT TYPE (minimum deposit \$5.00 plus \$1.00 administrative fee)

- | | |
|--|--|
| <input type="checkbox"/> Share/Savings
<input type="checkbox"/> Share Draft/Checking
<input type="checkbox"/> Share Certificate/Certificate | <input type="checkbox"/> Money Market
<input type="checkbox"/> Other (Christmas Club Savings)
<small>*No Withdrawals Allowed. Funds Distributed in November</small>
<input type="checkbox"/> Other |
|--|--|

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN)/Taxpayer identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

- | | |
|--|--|
| <input type="checkbox"/> <i>I am subject to backup withholding</i>
<input type="checkbox"/> <i>Exempt</i> | <input type="checkbox"/> <i>I am not a United States citizen or resident</i>
<i>(Complete W-8 form)</i> |
|--|--|

MEMBER APPLICATION AND INFORMATION

Member _____	Account No. _____
Street _____	SSN/TIN _____
City State/Zip _____	Driver's License No. _____
Phone Home _____	• Issued Date _____
Phone Work _____	• Expiration Date _____
Phone Cell _____	Date of Birth _____
Email Address _____	Mother's Maiden Name _____
Employment _____	
Eligibility for Membership _____	

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.***

X _____
Signature **Date**

X _____
Signature **Date**

X _____
Signature **Date**

X _____
Signature **Date**

ACCOUNT SERVICES

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

- Other** _____
- ATM Card** _____
- Debit Card** _____
- Other EFT Service** _____
- Other** _____

ACCOUNT OWNERSHIP

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

- Single Party**
- Multiple Party with Survivorship**
X _____
- Multiple Party without Survivorship**
X _____

Joint Owner _____ SSN/TIN _____
 Street _____ Driver's Lic. No. _____
 City State/Zip _____ Date of Birth _____
 Phone Home () _____ Work () _____ Cell () _____
 Mother's Maiden Name _____

Joint Owner _____ SSN/TIN _____
 Street _____ Driver's Lic. No. _____
 City State/Zip _____ Date of Birth _____
 Phone Home () _____ Work () _____ Cell () _____
 Mother's Maiden Name _____

- Other** _____
- See Account Authorization Card

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account**
 - All accounts
 - Designate specific account(s)
- Beneficiary _____ Beneficiary _____
 Street _____ Street _____
 City/State/Zip _____ City/State/Zip _____
- UTTMA** (as custodian for) _____
 (minor) under the Uniform Transfers to Minors Act SSN/TIN _____
 - Convenience Account** Name of Convenience person _____
 - All Accounts
 - Designate Specific accounts

FOR CREDIT UNION USE ONLY

- See Account Authorization Card

Date of Membership _____ Opened/App'd by _____ Member Verification _____ Account No. _____
 PIN Request _____ Credit Report _____ Check Verify _____ Access Card _____