

Member Account Agreement

Date: _____

Credit Union Name & Address

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IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

If checked, this is a temporary account agreement.

Enter **Non-Individual Owner Information** on page 3. There is additional **Owner/Signer Information** space on page 3.

Owner/Signer Information 1

Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	
Member Qualification/Relationship to Member	

Owner/Signer Information 2

Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	
Member Qualification/Relationship to Member	

Member No. _____

Account Title & Address

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Ownership of Account

The specified ownership will remain the same for all accounts.

- Individual Joint with No Survivorship (as tenants in common)
- CREDIT UNION JOINT ACCOUNT WITH RIGHT OF SURVIVORSHIP G.S. § 54-109.58**
 You understand that by establishing a joint account under the provisions of North Carolina General Statute § 54-109.58 that:
- The credit union may pay the money in the account to, or on the order of, any person named in the account unless you have agreed with the credit union that withdrawals require more than one signature; and
 - Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will.
- You DO elect to create the right of survivorship in this account.
- X _____ X _____
- X _____ X _____
- Corporation - For Profit Corporation - Nonprofit
- Partnership Sole Proprietorship
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Beneficiary Designation

(Check appropriate ownership above.)

- CREDIT UNION PAYABLE ON DEATH ACCOUNT G.S. § 54-109.57**
 See page 2 for beneficiary information. You understand that by establishing Payable on Death account under the provisions of North Carolina General Statute § 54-109.57 that:
- During your lifetime you may withdraw the money in the account; and
 - By written direction to the credit union you, individually or jointly, may change the beneficiary or beneficiaries; and
 - Upon your death the money remaining in the account will belong to the beneficiary or beneficiaries, and the money will not be inherited by your heirs or be controlled by will.
- X _____ X _____

Personal Agency Account Designation

- CREDIT UNION PERSONAL AGENCY ACCOUNT G.S. § 54-109.63**
 You understand that by establishing a personal agency account under the provisions of North Carolina General Statute § 54-109.63 that the agent named in the account may:
- Sign checks drawn on the account; and 2. Make deposits into the account.
- You also understand that upon your death the money remaining in the account will be controlled by your will or inherited by your heirs.
- You agree this personal agency will continue if you subsequently become incapacitated or mentally incompetent, in accordance with North Carolina General Statute § 54-109.63(c).
- X _____

Signature(s)

The undersigned authorize the credit union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated below is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- Terms and Conditions Privacy Electronic Fund Transfers
- Truth in Savings Substitute Checks Funds Availability
- Common Features

[X _____]

[X _____]

[X _____]

[X _____]

Number of signatures required for withdrawal: _____

- Personal Agent (The last of the above signers is a Personal Agent.)

Owner/Signer Information 3	
Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	
Member Qualification/ Relationship to Member	

Owner/Signer Information 4	
Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	
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Backup Withholding Certifications	
<i>(If not a "U.S. Person," certify foreign status separately.)</i>	
TIN: _____	
<input type="checkbox"/>	Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.
<input type="checkbox"/>	Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
<input type="checkbox"/>	Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
X _____	(Date)

Non-Individual Owner Information	
Name	
EIN	
Phone	
Mobile Phone	
E-Mail	
Type of Entity	
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/ Resolution Date	
Previous Financial Inst.	
Member Qualification/ Relationship to Member	

Account Description	Account #	Initial Deposit/Source
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____

Services Requested	
<input type="checkbox"/>	ATM <input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/>	_____ <input type="checkbox"/> _____
<input type="checkbox"/>	_____ <input type="checkbox"/> _____

Beneficiary Name(s), Address(es), and SSN(s)	
<i>(Check appropriate beneficiary designation on page 1.)</i>	

Other Terms/Information	