

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:

Member No:

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts unless the credit union is notified in writing of a change.

- | | |
|--|--|
| <input type="checkbox"/> Share/Savings _____ Date Opened
<input type="checkbox"/> Share Draft/Checking _____ Date Opened
<input type="checkbox"/> Christmas Club _____ Date Opened | <input type="checkbox"/> Special Savings _____ Date Opened
<input type="checkbox"/> Money Market _____ Date Opened
<input type="checkbox"/> IRA Savings/Money Market _____ Date Opened |
|--|--|

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

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

Individual Joint (G.S. 54-109.58): We do do not elect to create the right of survivorship in this account.

We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: (1) The Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have directed that withdrawals require more than one signature; and (2) If we elect to create the right of survivorship in the account, that 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 heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone:	Driver's Lic. Exp Date:
Work Phone:	Date of Birth:
E-mail:	Membership Eligibility:
Employer:	

ACCOUNT OWNERSHIP

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone:	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone:	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone:	Password:
Work Phone:	E-mail:

ACCOUNT DESIGNATIONS

Payable on Death Account. I/we understand that by establishing a Payable on Death account under the provisions of North Carolina General Statute 54-109.57 that: (1) during my/our lifetime I/we may withdraw the money in the account; and (2) by written direction to the Credit Union I/we individually or jointly, may change the beneficiary or beneficiaries; and (3) upon my/our death the money remaining in the account will belong to the beneficiary or beneficiaries and the money will not be inherited by my (or our) heirs or be controlled by will.

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:

