



P.O. Box 27306  
 Raleigh, NC 27611  
 electel.org

COOPERATIVE FEDERAL CREDIT UNION

# ACCOUNT CARD

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

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"/> Special Savings _____ Date Opened          |
| <input type="checkbox"/> Share Draft/Checking _____ Date Opened   | <input type="checkbox"/> Money Market _____ Date Opened             |
| <input type="checkbox"/> Christmas/Holiday Club _____ 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: _____
Email: _____	Membership Eligibility: _____
Employer: _____	

## ACCOUNT OWNERSHIP

<b>Joint Owner:</b> _____	SSN/TIN: _____
Street: _____	Driver's Lic. No: _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: _____	Password: _____
Work Phone: _____	Email: _____
Employer: _____	

<b>Joint Owner:</b> _____	SSN/TIN: _____
Street: _____	Driver's Lic. No: _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: _____	Password: _____
Work Phone: _____	Email: _____
Employer: _____	

<b>Joint Owner:</b> _____	SSN/TIN: _____
Street: _____	Driver's Lic. No: _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: _____	Password: _____
Work Phone: _____	Email: _____
Employer: _____	

## 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: _____



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ACCOUNT TYPE	
<input type="checkbox"/> Payroll Deduction/Direct Deposit: _____	
<input type="checkbox"/> ElecTel24/Internet Banking: _____	
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority 1 <sup>st</sup> , 2 <sup>nd</sup> , or 3 <sup>rd</sup> ):	<input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Overdraft Privilege
<input type="checkbox"/> Debit Card	<input type="checkbox"/> Checks: _____
<input type="checkbox"/> Audio Response: _____	

**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. 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. 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 below, I/we certify that the information on this Account Card (front and back) is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings 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 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.

Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____

FOR CREDIT UNION USE ONLY		
<input type="checkbox"/> See Account Change Card	<input type="checkbox"/> See Insurance Beneficiary Card	
Date of Membership: _____	Opened/App'd by: _____	Member Verification: _____
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking