



3400 Sumner Blvd
 Raleigh, NC 27616
 Electel.org
 800-846-5600

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:
Mailing Address:	Driver's Lic. Exp Date:
City/State/Zip:	Date of Birth:
Primary Phone:	Membership Eligibility:
Alt. Phone:	E-mail:
	Employer:

ACCOUNT OWNERSHIP

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Driver's Lic. Exp. Date:
Mailing Address:	Date of Birth:
City/State/Zip:	E-mail:
Primary Phone:	Alt. Phone:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Driver's Lic. Exp. Date:
Mailing Address:	Date of Birth:
City/State/Zip:	E-mail:
Primary Phone:	Alt. Phone:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Driver's Lic. Exp. Date:
Mailing Address:	Date of Birth:
City/State/Zip:	E-mail:
Primary Phone:	Alt. Phone:

ACCOUNT DESIGNATIONS

Payable on Death (POD) 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:



ACCOUNT SERVICES

ElecTel24/Internet Banking:

Overdraft Protection (Indicate transfer priority 1st, 2nd, or 3rd): Savings Loan Overdraft Privilege

Debit Card: Checks:

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 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 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 receipt of the Electronic Fund Transfers Agreement and Disclosure. If a joint account is requested, I/we agree to the survivorship designation on the "ACCOUNT OWNERSHIP" section. **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 _____
X

Signature _____ Date _____
X

Signature _____ Date _____
X

Signature _____ Date _____
X

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership: _____ Opened/App'd by: _____ Member Verification: _____

Credit Report Check Verify PIN Request

Access Card Audio Response PC Access/Internet Banking