

ACCOUNT OWNERSHIP

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

- Individual** **Joint with Survivorship** **Joint without Survivorship**

JOINT OWNER _____
Street _____
City/State/Zip _____
Home Phone (_____) _____
 ____ Listed ____ Unlisted
Work Phone (_____) _____

SSN/TIN _____
Driver's Lic. No. _____
Date of Birth _____
Password _____
E-mail _____

JOINT OWNER _____
Street _____
City/State/Zip _____
Home Phone (_____) _____
 ____ Listed ____ Unlisted
Work Phone (_____) _____

SSN/TIN _____
Driver's Lic. No. _____
Date of Birth _____
Password _____
E-mail _____

ACCOUNT DESIGNATIONS

- Payable On Death(POD) Trust Account** All Accounts Designate Specific Accounts

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

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

- AGENCY** Print Name of Agent _____
 Signature _____ Date _____

- All Accounts
 Designate Specific Account(S) _____

- UTTMA/UGMA** as custodian for _____ (Minor) under the
Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN _____

- OTHER** _____
 SEE ACCOUNT AUTHORIZATION CARD

FOR CREDIT UNION USE ONLY

Date of Membership _____

- Credit Report
 Access Card

See Account Change Card
Opened/App'd By _____

- Check Verify
 Audio Response

See Insurance Beneficiary Card
Member Verification _____

- PIN Request
 PC Access/Internet Banking