

Membership Application

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 listed below unless the credit union is notified in writing of a change.

<input type="checkbox"/> Share/Savings	Suffix* _____	<input type="checkbox"/> Money Market	Suffix* _____
<input type="checkbox"/> Share Draft/Checking	_____	<input type="checkbox"/> Living Trust	_____
<input type="checkbox"/> Share Certificate	_____	<input type="checkbox"/> Other	_____

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

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____	Member No. _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone () _____	Date of Birth _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password _____
Work Phone () _____	Employment _____
E-mail _____	
Eligibility for Membership _____	

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.*
- (2) I am not subject to backup withholding because: (a) I am exempt from backup with holding, 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. person (including a U.S. resident alien.)*

X _____	_____
Signature	Date

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We have received and read 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.

X _____	_____	X _____	_____
Signature	Date	Signature	Date

X _____	_____	X _____	_____
Signature	Date	Signature	Date

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit _____ ATM Card _____
 Overdraft Protection (Indicate transfer priority below) Debit Card _____
_____ Audio Response _____
 PC Access/Internet Banking _____ Other _____

ACCOUNT OWNERSHIP

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

- Individual** **Joint Account with Survivorship**

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

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

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account** All accounts Designate specific account(s)

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

Agency Print name of Agent _____
Signature _____ Date _____

All accounts Designate specific account(s) _____

Personal Custodian Account (as custodian for _____)

UTTMA/UGMA (as custodian for _____ (minor) under the
Missouri Transfers to Minors Law) Minor's TIN/SSN _____

Other See Account Authorization Card

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