MEMBERSHIP

Niagara Falls AF Federal Credit Union

ACCOUNT CARD

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.

	Suffix*		Suffix*
☐ Share/Savings	_____	☐ Money Market	_____
☐ Share Draft/Checking	_____	☐ Other	_____
☐ Share Certificate	_____	☐ 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 _____

☐ Listed ☐ 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 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. person (including a U.S. resident alien).

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. Cross out item **3** and complete a W-8 BEN if you are not a U.S. person.

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 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.***

X _____ X _____

Signature Date Signature Date

X _____ X _____

Signature Date Signature Date

© CUNA Mutual Group, 1993, 2004

To reorder call 1-800-356-5012

D1100-FK1 Rev. 02/04

ACCOUNT SERVICES

☐ Payroll Deduction/Direct Deposit

☐ Overdraft Protection (Indicate transfer priority below)

_____

☐ PC Access/Internet Banking _____

☐ ATM Card _____

☐ Debit Card _____

☐ Audio Response _____

☐ Other _____

ACCOUNT OWNERSHIP

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

☐ **Individual** ☐ **Joint Account with Survivorship** ☐ **Joint Account without 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**

Beneficiary/POD Payee _____ Beneficiary/POD Payee _____

Street _____ Street _____

City/State/Zip _____ City/State/Zip _____

☐ **Agency** Print name of Agent _____

Signature _____ (date) _____

☐ **UTMA/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 ☐ **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