

Member # _____

USE BLACK INK ONLY

Account Card Update

A \$25 minimum balance is required to open a share savings account.

Member Application

Individual Joint Minor UTTMA Trust* Org, Club, Sole Prop* Other

Account Title: _____

Name _____

Street _____

City/ST/ZIP _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

Date of Birth ____/____/____

SSN/TIN _____

DL/ID# _____

Date Iss. _____ Date Exp. _____

Mother's Maiden Name _____

E-mail _____

Mailing Address (If using PO Box, we require a physical address):

Street _____

City/ST/ZIP _____

Call Center PIN _____ (4 numbers)

Member Eligibility:

Family (Family Member Name) _____

Employer (Name of Employer) _____

I live or work in qualifying area

Account Type to Open:

Other

Savings

Money Market

Checking

Certificate of Deposit

Ownership Name Change due to death, marriage or divorce (copy of proof required).

*Copy of Trust Documents Required

(Organization, Club, Sole Prop): Whenever a change is made dictating who is or is not authorized to conduct business on this Account, a new resolution with the credit union must be completed. It is the responsible party's responsibility to keep the credit union informed of any changes.

Resolution on file dated ____/____/____

Additional Account Holder Information / Authorized Signature

Name _____

(Please Print)

Street _____

City/ST/ZIP _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

E-mail _____

SSN/TIN _____ Date of Birth ____/____/____

DL/ID# _____

Date Iss. _____ Date Exp. _____

Name _____

(Please Print)

Street _____

City/ST/ZIP _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

E-mail _____

SSN/TIN _____ Date of Birth ____/____/____

DL/ID# _____

Date Iss. _____ Date Exp. _____

Beneficiary Information

Beneficiary Name _____

(Please Print)

Street Address _____

City/ST/ZIP _____

SSN/TIN _____ Date of Birth ____/____/____

Relationship _____

Beneficiary Name _____

(Please Print)

Street Address _____

City/ST/ZIP _____

SSN/TIN _____ Date of Birth ____/____/____

Relationship _____

