

signature card - membership application

Account # _____ [] New [] Revised

Individual Account Owner Information/Primary Member									
Last Name		First Name		Middle	Social Security # /Tax ID #				
Street Address			Apt #	City		State		Zip Code	
Mailing Address (if other than physical)			Apt #	City		State		Zip Code	
Employer			Position Held		Work Phone			Annual Income \$	
Date of Birth	Mother's Maiden Name		DL#/State		How did you hear about us?		International Transactions?	How Often?	
Day Phone		Home Phone		Cell Phone		Primary email address			
Nearest relative not living with you			Relationship		Home Phone		Other Phone		

Signatures & Acknowledgements	
Important Information - Read Before Signing.	
<p>By signing this document I/we certify that: (1) The information provided in this application is accurate and true; (2) I/we have received our Members Disclosure and Rate/Fee Disclosure and are in agreement with terms and conditions outlined in the below mentioned disclosures and any other material pertaining to the account; (3) You have permission to use information provided in this application for member identification purposes as the credit union deems necessary; (4) I/we give authorization to obtain/furnish information from/to credit bureau for marketing, pre-approval and/or collection purposes; (5) I/we understand that deposits in the credit union are insured to \$250,000 per account by American Share Insurance and that this institution is not federally insured and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. Accounts with this institution are not insured by any state government; (6) I/we understand the credit union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this account. The credit union may, however, pay such share draft and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, or from any other share account attached to this membership account.</p>	
<p><input type="checkbox"/> Yes, I/we choose to receive the Important Account Information for our Members Disclosure and Electronic Fund Transfers Disclosure (each contains important information regarding credit union products, services and account holder(s) legal rights) via electronic means through www.sbcu.org.</p>	
<p>Account Owner(s) Signatures and Substitute Form W-9</p> <p>Under penalties of perjury, I certify that the Taxpayer Identification Number (TIN) I have given you is correct, and that I am NOT subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. person. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</p>	
Signature of Individual Owner	Date
X	
Additional Owner 1 Signature (if applicable)	Date
X	
Additional Owner 2 Signature (if applicable)	Date
X	



Optional - Additional Account Owners									
Additional Account Owner1 information									
Last Name		First Name		Middle	Social Security # /Tax ID #				
Street Address			Apt #	City		State		Zip Code	
Employer			Position Held		Work Phone			Annual Income	
Home Phone		Other Phone		Date of Birth	Relationship		Mother's Maiden Name		
Additional Account Owner2 information									
Last Name		First Name		Middle	Social Security # /Tax ID #				
Street Address			Apt #	City		State		Zip Code	
Employer			Position Held		Work Phone			Annual Income	
Home Phone		Other Phone		Date of Birth	Relationship		Mother's Maiden Name		

Optional – Designation of Beneficiary of Pay on Death (POD) Payees					
Payee #1 Full Name		Relationship	Date of Birth	Social Security # /Tax ID #	Distribution %
Payee #2 Full Name		Relationship	Date of Birth	Social Security # /Tax ID #	Distribution %

Credit Union Use Only		
Products/Services		
<input type="checkbox"/> Checking <input type="checkbox"/> Checks <input type="checkbox"/> ATM/Debit <input type="checkbox"/> VISA Credit <input type="checkbox"/> Loan Application <input type="checkbox"/> It's Me 247 <input type="checkbox"/> eStatements <input type="checkbox"/> Opt In Courtesy Pay <input type="checkbox"/> eAlerts <input type="checkbox"/> Club Account <input type="checkbox"/>		
Membership Eligibility	Sponsored by	Notes