



**ACCOUNT SERVICES**

<input type="checkbox"/> Payroll Deduction/Direct Deposit	<input type="checkbox"/> ATM Card	_____
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority below)	<input type="checkbox"/> Debit Card	_____
<input type="checkbox"/> PC Access/Internet Banking _____	<input type="checkbox"/> Audio Response	_____
	<input type="checkbox"/> 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	( ) _____	Security Code	_____
	___ Listed    ___ Unlisted	E-mail	_____
Work Phone	( ) _____		

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

**ACCOUNT DESIGNATION**

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) \_\_\_\_\_

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**

<input type="checkbox"/> Date of Membership _____	<input type="checkbox"/> See Account Change	<input type="checkbox"/> See Insurance Beneficiary Card
<input type="checkbox"/> Credit Report _____	<input type="checkbox"/> Opened/App'd By _____	<input type="checkbox"/> Member Verification _____
<input type="checkbox"/> Access Card _____	<input type="checkbox"/> Check Verify _____	<input type="checkbox"/> PIN Request _____
	<input type="checkbox"/> Audio Response _____	<input type="checkbox"/> PC Access/Internet Banking _____