



2801 West Beltline Highway, Suite 201  
 Madison, WI 53713  
 608-271-5301 ~ www.mbr1cu.org

Teller Initials: \_\_\_\_\_

Date: \_\_\_\_\_

# ACCOUNT CARD

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

**Member #:** \_\_\_\_\_

**Member - First: Middle: Last:**

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

Individual  Joint Account with Survivorship  Joint Account without Survivorship  Marital Account without Survivorship

Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No.:
Home Phone:	Date of Birth:
Work Phone:	Mother's Maiden Name:
E-mail:	Membership Eligibility:
Employer:	

## ACCOUNT OWNERSHIP

<b>Member - First: Middle: Last:</b>	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Mother's Maiden Name:
Work Phone:	E-mail:

<b>Member - First: Middle: Last:</b>	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Mother's Maiden Name:
Work Phone:	E-mail:

<b>Joint Owner:</b>	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Mother's Maiden Name:
Work Phone:	E-mail:

## ACCOUNT DESIGNATIONS

**Payable on Death (POD)/Trust Account**

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

**UTTMA** (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act)  
 Minor's SSN/TIN: \_\_\_\_\_

**AGENCY** Name of Agent: \_\_\_\_\_ (please print)  
 Signature \_\_\_\_\_ (date) \_\_\_\_\_

**Other:** \_\_\_\_\_  See Account Authorization 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 unless the credit union is notified in writing of a change.

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

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

ACCOUNT SERVICES

Paychecks:  Direct Deposit AND/OR  Payroll Deduction - \_\_\_\_\_

Checks:  Yes  No Starting Check# \_\_\_\_\_

Debit Card:  Yes  No  Individual  Joint

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 US. 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. I/We acknowledge that Members First Credit Union will order a credit report at no charge to them at the time of account opening. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

<b>X</b>	<b>X</b>
Signature _____ Date _____	Signature _____ Date _____

<b>X</b>	<b>X</b>
Signature _____ Date _____	Signature _____ Date _____

FOR CREDIT UNION USE ONLY  See Account Change Card  See Insurance Beneficiary Card

- Chex Systems     Shared Branch     Member ID Card     Customer ID Card     ID Scanned     Credit Report  
 New Member Packet     MFCU Freebies/T-Shirt     Referrer? \_\_\_\_\_  
 Copies \_\_\_\_\_  Debit Card     Gift Card    Opened by: \_\_\_\_\_