



# CAROLINA COLLEGIATE FCU

## ACCOUNT CARD

### ACCOUNT TYPE

- |  |   |
|--|---|
| <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/Certificate _____ | <input type="checkbox"/> Other _____        |

### TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN)/Taxpayer identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

- |   |  |
|---|--|
| <input type="checkbox"/> I am subject to backup withholding | <input type="checkbox"/> I am not a United States citizen or resident<br>(complete W-8 form) |
| <input type="checkbox"/> Exempt                             |  |

### MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member _____	Account No. _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Phone Home ( ) _____	Date of Birth _____
Phone Work ( ) _____	Mother's Maiden Name _____
Employment _____	
Eligibility for Membership _____	

### AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, 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 _____ Signature Date	X _____ Signature Date
X _____ Signature Date	X _____ Signature Date

### Mail or deliver to

Main Office: Carolina Collegiate FCU, 710 Pulaski Street, Columbia, SC 29201  
 Coastal Carolina University Branch: Pamela Hamilton, Sands Hall Room 101, 107 Founders Dr., Conway, SC 29526  
 USC Spartanburg: Ann Fitzsimmons, 800 University Way, Campus Life Center, Rm. 215, Spartanburg, SC 29303

**ACCOUNT SERVICES**

Payroll Deduction/Direct Deposit  ATM Card \_\_\_\_\_

Overdraft Protection (Indicate transfer priority below)  Debit Card \_\_\_\_\_

\_\_\_\_\_  Other EFT Service \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

**ACCOUNT OWNERSHIP**

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

Single Party  Multiple Party with Survivorship  Multiple Party without Survivorship

Joint Owner \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Street \_\_\_\_\_ Driver's Lic. No \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Joint Owner \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Street \_\_\_\_\_ Driver's Lic. No \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Other \_\_\_\_\_  See Account Authorization Card

**ACCOUNT DESIGNATIONS**

Payable on Death (POD)/Trust Account  All accounts  Designate specific account(s) \_\_\_\_\_

Beneficiary \_\_\_\_\_ Beneficiary \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

Agency Name of Agent \_\_\_\_\_

All Accounts  Designate specific account(s) \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

See Account Change Card

Date of Membership \_\_\_\_\_ Opened /App'd by \_\_\_\_\_ Member Verification \_\_\_\_\_

PIN Request \_\_\_\_\_ Credit Report \_\_\_\_\_ Check Verify \_\_\_\_\_ Access Card \_\_\_\_\_

Mail or deliver to  
 710 Pulaski Street, Columbia, SC 29201 or 4480 Rosewood Drive, Columbia, SC 29209  
 Coastal Carolina University: Pamela Hamilton, Sands Hall Room 101, 107 Founders Dr., Conway, SC 29526  
 USC Spartanburg: Ann Fitzsimmons, 800 University Way, Campus Life Center, Rm. 215, Spartanburg, SC 29303