



Account / Member Application

MEMBER APPLICATION AND OWNERSHIP INFORMATION		ACCOUNT CARD	
Member/Owner:		Member No:	
Street:	SSN/TIN:		
City/State/Zip:	Driver's Lic. No:		
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:		
Work Phone:	Password:		
E-mail:	Membership Eligibility:		
Employer:			
ACCOUNT OWNERSHIP			
Designate the ownership of the accounts and responsibility for the services requested.			
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Rights of Survivorship <input type="checkbox"/> Joint Account without Rights of Survivorship			
Joint Owner:		SSN/TIN:	
Street:		Driver's Lic. No:	
City/State/Zip:		Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		Password:	
Work Phone:		E-mail:	
Joint Owner:		SSN/TIN:	
Street:		Driver's Lic. No:	
City/State/Zip:		Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		Password:	
Work Phone:		E-mail:	
Joint Owner:		SSN/TIN:	
Street:		Driver's Lic. No:	
City/State/Zip:		Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		Password:	
Work Phone:		E-mail:	
ACCOUNT DESIGNATIONS			
<input type="checkbox"/> Payable on Death (POD)/Trust Account <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts _____			
Beneficiary/POD Payee:		Beneficiary/POD Payee:	
Street:		Street:	
City/State/Zip:		City/State/Zip:	
<input type="checkbox"/> UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act)			
Minor's SSN/TIN:			
<input type="checkbox"/> Agency		Print Name of Agent:	
		Signature:	Date:
<input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts: _____			
<input type="checkbox"/> See Account Authorization Card <input type="checkbox"/> Other: _____			
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 listed 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"/> HSA: _____	
<input type="checkbox"/> Share Certificate/Certificate: _____		<input type="checkbox"/> Other: _____	
<small>The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applied to more than one account of the same type, more than one suffix will be listed for that account type.</small>			

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (indicate transfer priority):

ATM Card:

Debit Card:

Other:

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 (or I am waiting for a number to be issued), and
2. (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. (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
4. (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____

Exemption from FARCA reporting code (if any) _____

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 agreements 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 Fund Transfers Agreement and Disclosure. 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

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership:

Opened/Approved by:

Member Verification:

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking

Mail or deliver to:

4480 Rosewood Drive, Columbia, SC 29209

710 Pulaski Street, Columbia, SC 29201

University of South Carolina Upstate, Health Education Complex, Room 3000, Spartanburg, SC 29303