



MEMBERSHIP APPLICATION AND AGREEMENT

New Account Account Update

Account No. _____

USA PATRIOT ACT NOTICE

Important Information About Procedures for Opening a New Account. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open a new account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACCOUNT ELIGIBILITY INFORMATION

Eligibility Based On: Lives in the 906 Works in the 906 Worships in the 906 Family member of existing member

Name: _____

ACCOUNT OWNERSHIP INFORMATION

Name				Date of Birth		SSN/T.I.N	
Physical Address (Cannot be a P.O. Box)				City		State	Zip Code
Mailing Address (If different from above)				City		State	Zip Code
Email Address				Primary Phone			
Driver's License/ State ID		State	Expiration	U.S. Citizen? __ Yes __ No	Country of Citizenship (If not a U.S. Citizen)		Mother's Maiden Name
Employer			Phone Number			Occupation	

ADDITIONAL OWNER INFORMATION

Joint ownership as stated below shall apply to all accounts, sub accounts, certificate accounts, and checking accounts using this account number that are opened now or in the future unless specifically governed by a separate agreement. The addition of a joint account owner requires the consent of all account owners. By signing this Application, the undersigned agree to hold the Credit Union harmless for actions regarding account access. We, the undersigned, do mutually agree that all shares in U.P. State Credit Union issue in our joint names, "with sole rights of survivorship", together with all deposits in a like manner made and carried therein, shall be accepted and held by us as Joint Tenants, "with sole right of survivorship" therein, and that the death of the Member shall terminate the account with the Credit Union.

Joint Owner #1 Name				Date of Birth		SSN/T.I.N	
Physical Address (Cannot be a P.O. Box)				City		State	Zip Code
Mailing Address (If different from above)				City		State	Zip Code
Email Address				Primary Phone			
Driver's License / State ID		State	Expiration	U.S. Citizen? __ Yes __ No	Country of Citizenship (If not a U.S. Citizen)		Mother's Maiden Name
Employer			Phone Number			Occupation	

Joint Owner #2 Name				Date of Birth		SSN/T.I.N	
Physical Address (Cannot be a P.O. Box)				City		State	Zip Code
Mailing Address (If different from above)				City		State	Zip Code
Email Address				Primary Phone			
Driver's License / State ID		State	Expiration	U.S. Citizen? __Yes __No	Country of Citizenship (If not a U.S. Citizen)		Mother's Maiden Name
Employer			Phone Number			Occupation	

BENEFICIARY INFORMATION

Upon the death of the owner, or the last surviving owner if there is more than one, the person(s) listed below (if any), shall be beneficiaries on the account described above in equal shares as is more fully set forth in the Membership and Account Agreement.

Beneficiary #1 Name				Date of Birth		SSN/T.I.N	
Physical Address (Cannot be a P.O. Box)				City		State	Zip Code
Beneficiary #2 Name				Date of Birth		SSN/T.I.N	
Physical Address (Cannot be a P.O. Box)				City		State	Zip Code
Beneficiary #3 Name				Date of Birth		SSN/T.I.N	
Physical Address (Cannot be a P.O. Box)				City		State	Zip Code

ADDITIONAL ACCOUNTS/SERVICES OFFERED

Please check the additional accounts/services you would like to be enrolled in with U.P. State Credit Union and sign below.

- | | | | |
|------------------------|----------------|----------------|------------------------|
| Checking | Debit Card | ATM Card | Money Market |
| Member Rewards Savings | Christmas Club | IRA | Certificate of Deposit |
| E-Statements | Bill Pay | Online Banking | Mobile App |

Member Signature

Date

CHECK PERSONALIZATION

Name			Starting Check Number	
Address				
City		State		Zip Code
Phone		Style Code		Check Digit

T.I.N. CERTIFICATION BY MEMBER

CERTIFICATION: 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 to me), and 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 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 US resident alien).

CERTIFICATION INSTRUCTIONS: You must 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. "The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding."

Signature of Member: _____ **Date:** _____

ACKNOWLEDGEMENT

By signing below, I/we acknowledge and agree that we are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures and Funds Availability Policy Disclosure, if applicable, Rate and Fee Schedules, 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 Membership and Account Agreement and Disclosures applicable to the accounts and services requested. If an access card or EFT service is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We further hereby agree to conform to the Credit Union's Bylaws as amended from time to time. I/We authorize the Credit Union to verify credit and employment history from time to time by any means, including obtaining a consumer report prepared by a consumer reporting agency in order to determine if I/we am/are eligible for the account applied for and to determine, from time to time, if I/we are eligible for any other product or service offered by the Credit Union to its members.

Print Name	Member Signature	Date
Print Name	Joint Owner #1 Signature	Date
Print Name	Joint Owner #2 Signature	Date

CREDIT UNION USE ONLY

Account Opened By:		Account Approved by Membership Officer:	
Signature:	Date:	Signature:	Date:
ID type for Member:		ATM/Debit Card Limits:	
ID type for Joint #1:		ATM/ Debit Card Approval By:	Date:
ID type for Joint #2:		Card Ordered By:	Date: