Foothills Federal Credit Union

MEMBERSHIP APPLICATION

ACCOUNT 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 listed below unless the credit union is notified in writing of a change.

		Suffix*			Suffix*
☐	Share Savings	_____	☐	Money Market	_____
☐	Share Draft/Checking	_____	☐	Trust	_____
☐	Share Certificate	_____	☐	Other	_____

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

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____

Street _____

City/State/Zip _____

Home Phone (_____) _____

____ Listed ____ Unlisted

Home E-mail _____

Work Phone (_____) _____

Work E-mail _____

Eligibility for Membership _____

Member No.

SSN/TIN _____

Driver's Lic. No. _____

Date of Birth _____

Password _____

Employment _____

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) 1 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 U.S. 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 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 services 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

ACCOUNT SERVICES

☐ Payroll Deduction/Direct Deposit
☐ Overdraft Protection (indicate transfer priority below)
_____
☐ PC Access/Internet Banking _____
☐ ATM Card _____
☐ Debit Card _____
☐ Audio Response _____
☐ Other _____

ACCOUNT OWNERSHIP

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

☐ **Individual** ☐ **Joint with Survivorship** ☐ **Joint without Survivorship**

JOINT OWNER _____
Street _____
City/State/Zip _____
Home Phone (_____) _____
_____Listed _____Unlisted
Work Phone (_____) _____

SSN/TIN _____
Driver's Lic. No. _____
Date of Birth _____
Password _____
E-mail _____

JOINT OWNER _____
Street _____
City/State/Zip _____
Home Phone (_____) _____
_____Listed _____Unlisted
Work Phone (_____) _____

SSN/TIN _____
Driver's Lic. No. _____
Date of Birth _____
Password _____
E-mail _____

ACCOUNT DESIGNATIONS

☐ **Payable On Death(POD) Trust Account** ☐ All Accounts ☐ Designate Specific Accounts
_____

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

Beneficiary/POD Payee _____
Street _____
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
Date of Membership _____
☐ Credit Report
☐ Access Card

☐ **See Account Change Card**
Opened/App'd By _____
☐ Check Verify
☐ Audio Response

☐ **See Insurance Beneficiary Card**
Member Verification _____
☐ PIN Request
☐ PC Access/Internet Banking