

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 Financial 1st FCU is notified in writing of the change.

- Share/Saving
- Share Draft/Checking
- Vacation Club
- Christmas Club

The account number for each of the accounts listed consists of the suffix 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.

Subsequent Actions

I/We authorize the Credit Union to make the appropriate changes listed below to the account:
(All field types must be completed that will be affected by the change)

- Joint Owner Information Add Change Remove
- POD/ Trust Beneficiary Add Change Remove
- Account Type/Service Add Change Remove

Member Application and Information

Member #

Member/Owner:

Street: _____ SSN/TIN: _____
City/State/Zip _____ Drivers Lic# _____
Home/Cell# _____ Date of Birth _____
Work Phone: _____ Employer _____
Membership Eligibility _____ E-mail _____
Plant Location _____

Account Ownership

We will hold the credit union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth in the "Account type" section. This relinquishment does not affect obligations on any loan accounts.

Joint Owner _____ SSN/TIN _____
Street _____ Driver Lic# _____
City/State/Zip _____ Date of Birth _____
Home/Cell# _____ Employer _____
Work Phone _____ E-mail _____

Account Designation

Payable on Death/Trust Acct
 All Accounts Designate Specific Accts _____
Beneficiary/POD Payee _____ Beneficiary/POD Payee _____
Street _____ Street _____
City/State/Zip _____ City/State/Zip _____
 UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN _____

Account Services

Payroll Deduction/Direct Deposit Debit Card (with draft/checking only)
 Overdraft Protection (Indicate transfer priority) _____ E-Statements (must have email address) _____
 Web Banking

TIN Certification and Back Withholding Information

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because:
a. I am exempt from backup withholdings
b. I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report interest or dividends
c. The IRS has notified me that I am no longer subject to backup withholding
3. I am a U.S. citizen or other U.S. resident person. 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 credited or organized in the U.S. 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, for the purpose of federal taxes.
Certification Instruction: Cross out #2 above if you have been notified by the IRS you may be subject to backup withholdings because you failed to report all interest and dividend on you tax return. Cross out #3 and complete a W-8 BEN if you are anything other than a U.S. person

Authorization

By signing below, I/we agree to the terms and conditions of the membership and account agreement, Truth-in-Saving Disclosure, Funds Availability Policy, 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 IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____ X _____
Signature Date Signature Date
X _____ X _____
Signature Date Signature Date

FOR CREDIT UNION USE ONLY

Date of Membership _____ Address Verification _____
Opened/App'd by _____
BOD Approval _____