

# New Membership Application



9237 Ward Parkway, Ste. 114  
Kansas City, MO. 64114  
Phone: (816)444-7440  
Fax: (816)444-6360

## 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 |
|--|--------|------------------------------------|--------|
| <input type="radio"/> Share/Savings        | _____  | <input type="radio"/> Money Market | _____  |
| <input type="radio"/> Share Draft/Checking | _____  | <input type="radio"/> Living Trust | _____  |
| <input type="radio"/> Share Certificate    | _____  | <input type="radio"/> 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 \_\_\_\_\_ Member No. \_\_\_\_\_

Street \_\_\_\_\_ SSN/TIN \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Listed     Unlisted    Security Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Employment \_\_\_\_\_

E-mail \_\_\_\_\_

Eligibility for Membership \_\_\_\_\_

**ACCOUNT SERVICES:**

- Payroll Deduction/Direct Deposit \_\_\_\_\_
- ATM Card \_\_\_\_\_
- Debit Card \_\_\_\_\_
- Overdraft Protection (Indicate transfer priority) \_\_\_\_\_
- Audio Response \_\_\_\_\_
- PC Access/Internet Banking \_\_\_\_\_
- Other \_\_\_\_\_

**ACCOUNT OWNERSHIP:**

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

- Individual Joint
- Account with Survivorship

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

\_\_\_\_\_  
Street SSN/TIN

\_\_\_\_\_  
City/State/Zip Driver's Lic. No.

\_\_\_\_\_  
Home Phone Date of Birth

Listed  Unlisted \_\_\_\_\_  
Security Code

\_\_\_\_\_  
Work Phone Employment

\_\_\_\_\_  
E-mail  
-----

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

\_\_\_\_\_  
Street SSN/TIN

\_\_\_\_\_  
City/State/Zip Driver's Lic. No.

\_\_\_\_\_  
Home Phone Date of Birth

Listed  Unlisted \_\_\_\_\_  
Security Code

\_\_\_\_\_  
Work Phone Employment

\_\_\_\_\_  
E-mail

**ACCOUNT DESIGNATION:**

- Payable on Death (POD)/Trust Account    All accounts    Designated specific account(s)

Beneficiary/POD Payee

Beneficiary/POD Payee

Street

Street

City/State/Zip

City/State/Zip

Agency      Print name of Agent \_\_\_\_\_

Signature \_\_\_\_\_ date \_\_\_\_\_

All Accounts Designate specific account(s)

Personal Custodian Account (as custodian for \_\_\_\_\_ )

UTTMA/UGMA (as custodian for \_\_\_\_\_ (minor) under the Missouri Transfers to Minors Law)

Minor's TIN/SSN \_\_\_\_\_

Other

See Account Authorization Card

**FOR CREDIT UNION USE ONLY**

See Account Change Card

See Insurance Beneficiary Card

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

Membership Verification \_\_\_\_\_

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking

**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) 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 with holding, 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 have received and read the Agreement and Disclosure 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 require to avoid backup withholding.*

---

Signature

Date

---

Signature

Date