Minnesota

CHIROPRACTIC Federal Credit Union

23617 Liberty St.
Farmington, MI 48335
Phone: (248) 478-4020

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 unless the Credit Union is notified in writing of a change.

	Suffix		Suffix
☐ Share/Savings:	_____	☐ Money Market:	_____
☐ Share Draft/Checking:	_____	☐ ~~HSA~~:	_____
☐ Share Certificate/Certificate:	_____	☐ Other:	_____

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 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 No: _____

Member/Owner: _____

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No: _____

Home Phone: _____ Date of Birth: _____

☐ Listed ☐ Unlisted Password: _____

Work Phone: _____ Employer: _____

Membership Eligibility: _____ E-mail: _____

CERTIFICATION OF ACCOUNT INFORMATION

Minnesota law requires the Member/Owner to complete the following information before opening a share draft or checking account:

1. Within the last twelve (12) months, have you had a checking, share draft, or other account subject to withdrawal by negotiable or transferrable instrument?
   ☐ No ☐ Yes If so, where? _____
2. Within the last twelve (12) months, has any financial institution involuntarily closed your checking, share draft, or other account subject to withdrawal by negotiable or transferrable instrument?
   ☐ No ☐ Yes If so, why? _____
3. Within the last twenty-four (24) months, have you been convicted of a criminal offense involving the use of a check or similar instrument?
   ☐ No ☐ Yes

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. *If you knowingly make any false material statement on this Account Card, you may be guilty of perjury.* ***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 _____		X _____	
Signature	Date	Signature	Date
X _____		X _____	
Signature	Date	Signature	Date

LOANLINER.

© CUNA MUTUAL GROUP, 2004, 06, 07, 09, 11, ALL RIGHTS RESERVED

ACCOUNT SERVICES

☐ Payroll Deduction/Direct Deposit: _____
☐ Overdraft Protection (Indicate transfer priority.):
_____
☐ 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 Account with Rights of Survivorship** ☐ **Joint Account without Rights of Survivorship**

Joint Owner: _____
Street: _____ SSN/TIN: _____
City/State/Zip: _____ Driver's Lic. No: _____
Home Phone: _____ Date of Birth: _____
☐ Listed ☐ Unlisted Password: _____
Work Phone: _____ E-mail: _____

Joint Owner: _____
Street: _____ SSN/TIN: _____
City/State/Zip: _____ Driver's Lic. No: _____
Home Phone: _____ Date of Birth: _____
☐ Listed ☐ Unlisted Password: _____
Work Phone: _____ E-mail: _____

ACCOUNT DESIGNATIONS

☐ **Payable on Death (POD) Account**
☐ All Accounts ☐ Designate Specific Accounts: _____
POD Payee: _____ POD Payee: _____
Street: _____ Street: _____
City/State/Zip: _____ City/State/Zip: _____

☐ **UTMA** (as custodian for _____ (minor) under the Minnesota Uniform Transfers to Minors Act) Minor's SSN/TIN: _____

☐ **Agency** Print Name of Agent: _____
Signature: _____ Date: _____
☐ All Accounts ☐ Designate Specific Accounts: _____

☐ **Other:** _____ ☐ See Account Authorization Card

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury by signing the Authorization Section, 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) 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) 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).

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.

FOR CREDIT UNION USE ONLY ☐ **See Account Change Card** ☐ **See Insurance Beneficiary Card**

Date of Membership: _____ Opened /App'd by: _____ Member Verification: _____

☐ Credit Report ☐ Check Verify ☐ PIN Request

☐ Access Card ☐ Audio Response ☐ PC Access/Internet Banking