



Money Masters/Student Application

Member/Owner:				Member No:			
Designate the ownership of the accounts.							
<input type="checkbox"/> Individual				<input type="checkbox"/> Joint Account with Survivorship		SSN/TIN:	
Street:				Driver's Lic. No:			
City/State/Zip:				Date of Birth:			
Home Phone:				E-mail Address:			
Employer:		Title:		Hire Date:			
Bus. Phone:		Bus. Address:					
ACCOUNT OWNERSHIP							
Joint Owner:				Member No:			
<input type="checkbox"/> Check if address is same as above				SSN/TIN:			
Street:				Driver's Lic. No:			
City/State/Zip:				Date of Birth:			
Home Phone:				E-mail Address:			
Employer:		Title:		Hire Date:			
Bus. Phone:		Bus. Address:					
Joint Owner:				Member No:			
<input type="checkbox"/> Check if address is same as above				SSN/TIN:			
Street:				Driver's Lic. No:			
City/State/Zip:				Date of Birth:			
Home Phone:				E-mail Address:			
Employer:		Title:		Hire Date:			
Bus. Phone:		Bus. Address:					
Joint Owner:				Member No:			
<input type="checkbox"/> Check if address is same as above				SSN/TIN:			
Street:				Driver's Lic. No:			
City/State/Zip:				Date of Birth:			
Home Phone:				E-mail Address:			
Employer:		Title:		Hire Date:			
Bus. Phone:		Bus. Address:					
ACCOUNT DESIGNATIONS							
<input type="checkbox"/> Payable on Death (POD)							
Beneficiary/POD Payee:		Percentage_____%		Beneficiary/POD Payee:		Percentage_____%	
Street:				Street:			
City/State/Zip:		Phone:		City/State/Zip:		Phone:	
SSN:				SSN:			
TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION							
Under penalties of perjury, I certify that:							
<input type="checkbox"/> (1) The number shown on this form is my correct taxpayer identification number,							
<input type="checkbox"/> (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							
<input type="checkbox"/> (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.							
DEPOSIT 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 amendments the Credit Union makes from time to time. The terms and conditions of those documents 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 service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. <i>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</i>							
<div>X</div>				<div>X</div>			
SIGNATURE		DATE		SIGNATURE		DATE	
<div>X</div>				<div>X</div>			
SIGNATURE		DATE		SIGNATURE		DATE	