

(301) 306-0610 • Toll Free: 888-306-0610 Fax: (301) 306-0746 • information@ibew26fcu.com

## **Account Card**

ACCOUNT TYPE							
All of the terms, conditions, form of accounters the Credit Union is notified in writing		nd other information indicate	d on this Card apply to all of the accounts listed				
armose the cream critical to flexified in white	Suffix		Suffix				
Share/Savings:		Money Market:					
Share Draft/Checking:		☐ IRA:					
Share Certificate/Certifica		Other:					
AND OWNERSHIP INFORMATION" sec			er Number listed in the "MEMBER APPLICATION type, more than one suffix will be listed for that				
account type.  ACCOUNT SERVICES							
Payroll Deduction/Direct Deposit:		ATM Card:	И Card:				
Overdraft Protection (Indicate transfer priority.):		Debit Card:	Debit Card:				
PC Access/Internet Banking:		Audio Response:					
ACCOUNT OWNERSHIP  Designate the ownership of the accounts and responsibility for the services requested.							
	Account with Rights of Survivorsh						
	ATION AND OWNERSHIP INFORMA	-					
Member/Owner:	THON AND OWNEROIN IN ORMA	TION	Member No:				
Street:		SSN/TIN:					
City/State/Zip:		Driver's Lic. No:					
Home Phone: Cell Phone:		Date of Birth:	Date of Birth:				
Work Phone:		Password:	Password:				
E-mail:		Membership Elig	Membership Eligibility:				
Employer:							
JOINT OWNERSHIP INFORMATION							
Joint Owner:		SSN/TIN:					
Street:		Driver's Lic. No:	Driver's Lic. No:				
City/State/Zip:		Date of Birth:	Date of Birth:				
Home Phone:	Cell Phone:	Password:	Password:				
Work Phone:		E-mail:	E-mail:				
Joint Owner:		SSN/TIN:					
Street:		Driver's Lic. No:					
ity/State/Zip:		Date of Birth:	Date of Birth:				
Home Phone:	Cell Phone:	Password:	Password:				
Work Phone:		E-mail:					
Joint Owner:		SSN/TIN:					
Street:		Driver's Lic. No:					
City/State/Zip:		Date of Birth:	Date of Birth:				
Home Phone: Cell Phone:		Password:	Password:				
Work Phone:		E-mail:					

	ACCOUNT DE	SIGNATIONS		
Payable on Death (POD) Account All Accou	ınts 🗌 Des	signate Specific	Accounts	
POD Payee:				
Street:		_ Street:		
City/State/Zip:		_ City/State/Zip	o:	
Phone Number:		Phone Numb	er:	
Date of Birth: SSN/TIN:		Date of Birtin.		
SSN/TIN: Convenience Print Name of Convenience Person:		_ 3311/11111		
Account				
Signature:			Date:	
Personal Custodian Account		)		(as custodian for
All Accounts	Designa	·/ ate Specific Acc	counts	
			See Acc	ount Authorization Card
UTMA CUSTO	DIAL DESIGN	ATION AND IN		odni / idanon zadon odna
The account(s) listed in the "ACCOUNT TYPE" section is/are he	ld by the custo	dian(s) named l	below for	
· ·		(Min	or),(Mi	inor's SSN/TIN) under the
Maryland Uniform Transfers to Minors Act.				
Custodian 1:		Custodian 2:		
Name:		Name:		
Address:				
Phone:		Phone:		
DOB:		DOB:		
DOB: SSN/TIN:				
		SUCCESSOR C	CUSTODIAN	
Pursuant to the Maryland Uniform Transfers to Minors Act, I here	eby designate:			
successor custodian(s) for all accounts listed in the "ACCOUNT	TYPF" section	This designat	ion shall take effect only upon my dea	ath, resignation, incapacity
or removal.	= 000	e acciginat	ion onali tano onoot only apon my aot	an, rooignanon, moapaon,
X		X		
Signature of Custodian	Date	Witness		Date
TIN CERTIFICATION	N AND BACKU	P WITHHOLDI	NG INFORMATION	
(1) The number shown on this form is my correct taxpayer is (2) I am not subject to backup withholding because: (a) I Revenue Service (IRS) that I am subject to backup with notified me that I am no longer subject to backup withhold:  (3) I am a U.S. citizen or other U.S. person. For federal tax citizen or U.S. resident alien; a partnership, corporation of the United States; an estate (other than a foreign estate (4) The FATCA code(s) entered on this form (if any) indicatin Certification Instructions. Cross out item 2 above if you have have failed to report all interest and dividends on your tax retusing to the provided of the provided in the section.  Exempt payee code (if any)	am exempt fricholding as a solding, and a purposes, yo, company, or teb; or a domeng that I am existed am. Complete	om backup w result of a fail ou are conside association c stic trust (as d tempt from FA by the IRS that a W-8 BEN if	ithholding, or (b) I have not been flure to report all interest or divide ered a U.S. person if you are: an interest or organized in the United State lefined in Regulations section 301. TCA reporting is correct.	inotified by the Internal ends, or (c) the IRS has individual who is a U.S. States or under the laws 7701-7).  withholding because you
Exempt payed dode (ii dily)		<u> </u>		
By signing below, I/we agree to the terms and conditions of the	AUTHOR Membership at		reement Truth-in-Savings Disclosure	Funds Availability Policy
Disclosure, if applicable, and to any amendment the Credit Un copy of the agreements and disclosures applicable to the acc provided, I/we agree to the terms of and acknowledge receipt of does not require your consent to any provision of this docu	ion makes fron counts and ser of the Electronic	n time to time vices requested Fund Transfe	which are incorporated herein. I/We do herein. If an access card or EFT are Agreement and Disclosure. <b>The Ir</b>	acknowledge receipt of a service is requested and <b>aternal Revenue Service</b>
Signature	Date	Signature		Date
X		X		
Signature	Date	Signature		Date
<b>X</b>		X		
		<u> </u>		
FOR CREDIT UNION USE ONLY	count Change	Card	See Insurance Ben	eficiary Card
Date of Membership: Opened/App'd by:		Me	mber Verification:	
Credit Report Check/OFAC verify				
Credit Report			ATM/Debit Card	