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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
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> IRA: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> 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.

ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit:	<input type="checkbox"/> ATM Card:
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:	<input type="checkbox"/> Audio Response:

ACCOUNT OWNERSHIP

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

Individual Joint Account with Rights of Survivorship

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:	Member No:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: Cell Phone:	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility:
Employer:	

JOINT OWNERSHIP INFORMATION

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

ACCOUNT DESIGNATIONS

Payable on Death (POD) Account, Convenience Account, Personal Custodian Account, Other. Includes fields for POD Payee, Signature, Date, and checkboxes for All Accounts and Designate Specific Accounts.

UTMA CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "ACCOUNT TYPE" section is/are held by the custodian(s) named below for (Minor), (Minor's SSN/TIN) under the Maryland Uniform Transfers to Minors Act. Custodian 1 and 2 fields with Name, Address, Phone, and DOB.

UTMA DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Maryland Uniform Transfers to Minors Act, I hereby designate: successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. Includes signature and date lines for Custodian and Witness.

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... (3) I am a U.S. citizen or other U.S. person... (4) The FATCA code(s) entered on this form... Includes Exempt payee code and FATCA reporting code fields.

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.

Signature and Date box with 'X' mark.

Signature and Date box with 'X' mark.

Signature and Date box with 'X' mark.

Signature and Date box with 'X' mark.

FOR CREDIT UNION USE ONLY. Includes checkboxes for See Account Change Card, See Insurance Beneficiary Card, and various verification options like Credit Report, Check/OFAC verify, ATM/Debit Card, etc.