



PO Box 3990
 Silverdale, WA 98383
 888.887.1766 • 360.307.6400
www.connectioncu.org

Membership Account Card

New Updated

MEMBERSHIP ELIGIBILITY *Check ONE of the following:*

Community	<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Worship <input type="checkbox"/> Attend School	<input type="checkbox"/> Family/Relative of member or person eligible for membership	<input type="checkbox"/> Other _____
-----------	---	--	--------------------------------------

MEMBER INFORMATION

Member Name				Member Account No.			
Street Address				SSN			
Mailing Address							
Date of Birth				Mother's Maiden Name			
Phone	Home		Cell		Email Address		
Employment				Work Phone			
ID Type/State		ID No.		Issue Date		Exp. Date	

ACCOUNT OWNERSHIP *Designate additional ownership (Joint with Right of Survivorship on accounts below)*

Joint Owner #1

Name							
Address				SSN			
Date of Birth				Mother's Maiden Name			
Phone	Home		Cell		Email Address		
Employment				Work Phone			
ID Type/State		ID No.		Issue Date		Exp. Date	

Joint Owner #2

Name							
Address				SSN			
Date of Birth				Mother's Maiden Name			
Phone	Home		Cell		Email Address		
Employment				Work Phone			
ID Type/State		ID No.		Issue Date		Exp. Date	

Fiduciary Account. See separate Fiduciary Account Authorization Card.

PAYABLE ON DEATH (POD) BENEFICIARY DESIGNATION *Designate POD beneficiaries of accounts:*

All Accounts Designate specific account(s):

Beneficiary Name				Relationship			
Date of Birth		City			State		
Beneficiary Name				Relationship			
Date of Birth		City			State		

ACCOUNTS & SERVICES

Accounts	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> IRA <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____						
Services	<input type="checkbox"/> Online/Mobile Banking <input type="checkbox"/> Bill Pay <input type="checkbox"/> Overdraft Protection/Overdraft Transfers <input type="checkbox"/> VISA Debit Card <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____						

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my correct identification number, and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. This account is maintained in the US and not subject to FATCA reporting.

I am subject to backup withholding I am not a United States citizen or resident alien (Complete W-8 BEN) Exempt - Payee Code _____

AUTHORIZATIONS

Authorization for Accounts & Services. By signing below, I/we agree to the terms and conditions of the Connection Credit Union Membership and Account Agreement, Truth-in-Savings Disclosures & Rate and Fee Schedule, Funds Availability Policy, Privacy Policy, Electronic Services Agreement and to any amendment you make 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 above. I/We authorize the Credit Union to obtain a credit report from a credit reporting agency, to verify eligibility for the accounts and services requested. I/We certify that the information contained herein is true and correct. *The Internal Revenue Service does not require your consent to any provision of this Account Card other than the certifications required to avoid backup withholding.*

Member	Date	Joint Owner	Date:
		Joint Owner	Date:

Credit Union Use Only

Account #	Date Opened	ID Verification
Opened By	Credit Report	OFAC
Date of Change	Changed By	