

# MEMBERSHIP APPLICATION AND ACCOUNT AGREEMENT



I would like to apply for the following Credit Union services (Please complete the attached Payroll

Deduction form or include a \$5.00 minimum deposit required for membership):

- Savings Account (SV) with ATM and 24 hour phone access (SELECT PIN BELOW)     Christmas Club (CC)     Vacation Club (VC)
- Checking Account (CK) with Visa Debit Card
- Premier Money Market (MM) (minimum balance \$1,000)
- Performance Plus Money Market (MP) (minimum balance \$2,500)
- Select Money Market (SM) (minimum balance \$5,000)

Update Information:     Name Change     Add Joint Owner     Delete Joint Owner

|   |              |  |                                       |
|---|--------------|--|---------------------------------------|
| Member Name   |              | Social Security #                        |                                       |
| Date of Birth   | Home Phone # | Driver's License #                       | State                                 |
| Home Address: Street  |              | City                                     | State      Zip                        |
| E-mail Address  |              | Mother's Maiden Name (Security Password) |                                       |
| Employer  |              | Employer Phone Number                    |                                       |
| I qualify for membership in the Credit Union through (Please select only one and complete the information):   |              |  |                                       |
| <input type="checkbox"/> My Employer: Employed By _____   |              |  |                                       |
| <input type="checkbox"/> My Relative / Household Name _____ Relationship _____  |              |  |                                       |
| <input type="checkbox"/> My Community: City / County _____  |              |  |                                       |
| (Must Check One) <input type="checkbox"/> Work <input type="checkbox"/> Residence <input type="checkbox"/> Attend Church / School    _____  |              |  |                                       |
| I learned about Truiliant from: <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Direct Mail <input type="checkbox"/> Coworker/Employer <input type="checkbox"/> Friend/Family <input type="checkbox"/> Other _____ |              |  |                                       |
| Joint Owner Name  |              | Social Security #                        |                                       |
| Date of Birth   | Home Phone # | Driver's License #                       |                                       |
| Home Address: Street  |              | City                                     | State      Zip                        |
| Second Joint Owner Name   |              | Social Security #                        | Date of Birth      Driver's License # |

### IMPORTANT INFORMATION ABOUT IDENTIFICATION PROCEDURES

To help the government fight the funding of terrorism and money laundering activities, Federal law now requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: Credit Union personnel will ask for your name, address, date of birth, and/or other information that will allow us to identify you. We may also ask to see your driver's license and/or other identifying documents.

**Certification.** Under penalties of perjury, 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 to me), 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. person (including a U.S. resident alien). My signature below constitutes my certification to the information set out in (1), (2) and (3) above. **Certification Instructions.** You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

You hereby make application for membership in the Truiliant Federal Credit Union (herein "Credit Union") and agree to conform to its laws, charter, bylaws, and amendments and subscribe for at least one share. All account terms published by the Credit Union are incorporated herein by reference. You authorize the Credit Union to establish the account(s) and loan(s) (subject to approval) you have indicated on this application, and agree to the terms of those agreements. You certify that all information herein is true and complete. You authorize the Credit Union to verify or obtain further information concerning your credit standing. All joint owners agree that each is joint on all accounts requested herein unless indicated otherwise in the "Joint Owner(s) Initials" section below, and all joint accounts are joint with rights of survivorship (see Account Terms for details).

**If this is a new account, please sign below and attach a copy of your driver's license and \$5.00 to activate your membership.**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

### COMPLETE THE SIGNATURE(S) BELOW TO ACTIVATE THE ACCOUNT.

|          |                                    |            |                                  |
|----------|------------------------------------|------------|----------------------------------|
| <b>X</b> | Member Signature _____             | Date _____ | JOINT OWNER(S) INITIALS          |
| <b>X</b> | Joint Owner Signature _____        | Date _____ | SV / CK / MM / MP / SM / CC / VC |
| <b>X</b> | Second Joint Owner Signature _____ | Date _____ | SV / CK / MM / MP / SM / CC / VC |

### FOR CREDIT UNION USE ONLY

|                                    |                    |                    |
|------------------------------------|--------------------|--------------------|
| Member # _____                     | BEACON _____       | ID USED _____      |
| Membership Officer Signature _____ | BR # _____         | Initials _____     |
| New Card _____                     | Update Card _____  | Company ID # _____ |
| Source Code _____                  | Forms Mailed _____ |                    |

Record Your Personal Identification Number (PIN) for 24 hour phone access and your Check/ATM Card

MUST COMPLETE →



### PAYROLL DEDUCTION AUTHORIZATION INFORMATION

|                  |  |
|------------------|--|
| NAME             | MEMBER NO. (COMPLETED BY CREDIT UNION) |
| ADDRESS          | EMPLOYER                               |
| CITY, STATE, ZIP | ADDRESS                                |

I HEREBY AUTHORIZE MY EMPLOYER TO DEDUCT THE FOLLOWING AMOUNT FROM MY PAY EACH PAY PERIOD UNTIL FURTHER NOTICE FROM ME AND TRANSMIT SAME TO THE ABOVE NAMED CREDIT UNION.      ROUTING TRANSIT # **253177832**

|                 |   |                |                 |                       |              |              |
|-----------------|---|----------------|-----------------|-----------------------|--------------|--------------|
| TOTAL DEDUCTION | THIS DEDUCTION TO BE CREDITED AS FOLLOWS: | SAVINGS ACCT # | CHECKING ACCT # | CHRISTMAS CLUB ACCT # | OTHER ACCT # | OTHER ACCT # |
| \$ _____        |   | \$ _____       | \$ _____        | \$ _____              | \$ _____     | \$ _____     |

**X** \_\_\_\_\_ SIGNATURE      \_\_\_\_\_ SOCIAL SECURITY #      \_\_\_\_\_ DATE      \_\_\_\_\_ CREDIT UNION STAFF