



Account Number# \_\_\_\_\_

### Membership Card

**Account Type**

- Share/ Savings       Share Draft/ Checking       Other

• **Primary Member Information**

Member Name \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Eligibility \_\_\_\_\_

• **Joint Member Information**

Member Name \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Eligibility \_\_\_\_\_

• **Joint Member Information**

Member Name \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Eligibility \_\_\_\_\_

**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: (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).

**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.

X \_\_\_\_\_  
Signature of Primary Owner Date

• **Account Designations**

† **Payable on Death (POD)/ Trust Account**

Beneficiary/ POD Payee \_\_\_\_\_ Phone # \_\_\_\_\_

Beneficiary/ POD Payee \_\_\_\_\_ Phone # \_\_\_\_\_

† **Personal Custodian Account** (as custodian for \_\_\_\_\_).

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. I/we have received and read the Agreement and Disclosures applicable to the accounts and services requested herein. If a DEBIT or ATM card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

**All Account Owners Sign Below:**

X \_\_\_\_\_ X \_\_\_\_\_  
**Signature of Primary Owner      Date      Signature of Joint Owner      Date**

X \_\_\_\_\_  
**Signature of Joint Owner      Date**

• **Checking/Share Draft Account Information**

\_\_\_\_\_ Payroll Deduction      \_\_\_\_\_ Direct Deposit      \_\_\_\_\_ Overdraft Protection  
                                  \_\_\_\_\_ ATM Card      \_\_\_\_\_ Debit Card

(1.) I understand that the first debit card on my account is free and that any replacement cards will be \$15.00 each.

(2.) I understand that if I forget my debit card PIN and wish to change it in our office, there will be a fee of \$2.00. If a new PIN is ordered from the processor, there will be a \$15.00 fee.

I hereby certify that the information provided herein has been supplied truthfully, accurately, and voluntarily and I authorize Kilowatt Community Credit Union to make whatever inquiries, including credit, that Kilowatt Community Credit Union feels necessary to evaluate my application. I agree to be liable for all transactions performed by myself or anyone to whom I entrust my debit card. I agree that use of my debit card constitutes consent to each agreement, rule or regulation of Kilowatt Community Credit Union then in effect governing such use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

• **E-Statements**

**Please enroll me in the E-Statement service.**

Name: \_\_\_\_\_ Account#(s) \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

**I understand that it is my responsibility to notify the credit union of any change to the above e-mail address.**

\_\_\_\_\_ **Account Owner**

\_\_\_\_\_ **Date**