



**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.

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

**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

Member No: \_\_\_\_\_

Member/Owner: \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Listed  Unlisted Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Membership Eligibility: \_\_\_\_\_ E-mail: \_\_\_\_\_

**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 (or I am waiting for a number to be issued), 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

**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. I/We have received and read the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

<b>X</b>	_____	Date	<b>X</b>	_____	Date
Signature			Signature		
<b>X</b>	_____	Date	<b>X</b>	_____	Date
Signature			Signature		



**ACCOUNT SERVICES**

Payroll Deduction/Direct Deposit: \_\_\_\_\_  ATM Card: \_\_\_\_\_

Overdraft Protection (Indicate transfer priority.): \_\_\_\_\_  Debit Card: \_\_\_\_\_

\_\_\_\_\_  Audio Response: \_\_\_\_\_

PC Access/Internet Banking: \_\_\_\_\_  Other: \_\_\_\_\_

**ACCOUNT OWNERSHIP**

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

Individual  Joint Account with Rights of Survivorship

**Joint Owner:** \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Listed  Unlisted

Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Joint Owner:** \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Listed  Unlisted

Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ACCOUNT DESIGNATIONS**

Payable on Death (POD)/Trust Account

All Accounts  Designate Specific Accounts: \_\_\_\_\_

Beneficiary/POD Payee: \_\_\_\_\_ Beneficiary/POD Payee: \_\_\_\_\_

Street: \_\_\_\_\_ Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

MTML (as custodian for \_\_\_\_\_ (minor) under the Missouri Transfer to Minors Law) Minor's SSN/TIN: \_\_\_\_\_

Agency Print Name of Agent: \_\_\_\_\_

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

All Accounts  Designate Specific Accounts: \_\_\_\_\_

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

Other: \_\_\_\_\_  See Account Authorization Card

**FOR CREDIT UNION USE ONLY**

See Account Change Card

See Insurance Beneficiary Card

Date of Membership: \_\_\_\_\_

Opened /App'd by: \_\_\_\_\_

Member Verification: \_\_\_\_\_

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking



2155 E Sunshine St  
Springfield, MO 65804-1816  
(417) 886-5355

**PAYROLL DEDUCTION  
DIRECT DEPOSIT  
AUTHORIZATION**

**EMPLOYER PAYROLL DEDUCTION AUTHORIZATION**

Member: \_\_\_\_\_ Member No: \_\_\_\_\_  
Employer: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Payroll No: \_\_\_\_\_

Initial Authorization       Change in Authorization

By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amounts set forth in this Authorization and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. I grant the Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount:     Net Check     \$ \_\_\_\_\_      Payroll Period:     Weekly     Monthly  
Credit Union R/T No:    286582876       Biweekly     Semi-Monthly  
Deposit To:     Savings     Checking    Account No: \_\_\_\_\_  
Payroll Deduction/Direct Deposit Start Date: \_\_\_\_\_

Signature <b>X</b>	Date
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**EMPLOYER COPY**

**CREDIT UNION DIRECT DEPOSIT AUTHORIZATION**

By signing above or otherwise authenticating, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	# _____	\$ _____	or _____	%
Share/Savings	# _____	\$ _____	or _____	%
Money Market	# _____	\$ _____	or _____	%
Loan	# _____	\$ _____	or _____	%
Loan	# _____	\$ _____	or _____	%
IRA	# _____	\$ _____	or _____	%
Other: _____	# _____	\$ _____	or _____	%
Other: _____	# _____	\$ _____	or _____	%
		TOTAL \$ _____	or _____	%

