



ACCOUNT CARD MEMBERSHIP AND SERVICES APPLICATION

- NEW
 CHANGE
 OTHER:

1. Member Information: <i>Print Your Full Name [Including Middle Initial and Suffixes – Jr., Sr.,]</i>			Account Number:
Title of Account <i>[If Different from 1. Above.]</i>		Member SSN or TIN:	Date of Birth:
Street Address:		Apt #:	Driver's License Number:
City:	State:	Zip Code:	E-Mail Address:
Home Phone Number: <i>Check if Unlisted []</i>	Business Phone Number:	Employer:	Alternate E-Mail:
Mailing Address: <i>[if different from Street Address. Include city, state and zip code]</i>			Membership Eligibility:
			Mother's Maiden Name:
2. Account(s) Requested: <i>[Select Accounts Using the Boxes Below. With the Exception of IRA Accounts, All Accounts Selected will be Jointly Owned if this Card Lists any "Joint Owner(s)"].</i>			
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Share Certificate Account	<input type="checkbox"/> Minor's Account	
<input type="checkbox"/> Checking Account	<input type="checkbox"/> IRA Account (May Not be Jointly Held)	<input type="checkbox"/> OTMA Account	
<input type="checkbox"/> Alternate account	<input type="checkbox"/> Trust Account	<input type="checkbox"/> POD Account	
<input type="checkbox"/> Money Market Account	<input type="checkbox"/> DBA	<input type="checkbox"/> Other: _____	
3. Other: <input type="checkbox"/> Parties listed herein will be deemed JOINT owners unless you select one of the following: <input type="checkbox"/> TRUSTEE, <input type="checkbox"/> CUSTODIAN <input type="checkbox"/> AUTHORIZED USER INFORMATION <input type="checkbox"/> OTHER: <i>(Describe:)</i> _____			
Name: <i>(please print)</i>		Date of Birth:	Social Security#:
2. _____		_____	_____
Address: _____			
Employer: _____		Phone Number: _____	
3. _____		_____	_____
Address: _____			

I hereby make application for membership in and agree to conform to the Bylaws, as may be amended, of Communicating Arts Credit Union (CACU). I certify that I am within the field of membership of this Credit Union; the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. I also acknowledge that I have received and agree to be bound by the terms and conditions on the reverse side of this form, in the Truth-in-Savings Act Disclosures, or Agreements as amended from time to time, which are incorporated herein by reference. All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union. The singular includes the plural as applicable herein.

By signing this card, you authorize CACU to obtain credit reports in connection with this application for membership, services and/or credit, and for update, renewal or extension of the credit received, if applicable. If you request, CACU will tell you the name and address of any bureau from which it received a credit report on you.

CHECKING ACCOUNTS: Checks will be printed using the names and the address of the Member as they appear above. CACU is authorized to pay checks signed by me (or by us) and to charge all such payment against the shares in this Account. All items accepted for deposit or collected are subject to final credit determined by applicable laws and procedures. It is further agreed that: (a) Only check blanks and other methods approved by the Credit Union may be used to make withdrawals from this Account; (b) The Credit Union is under no obligation to pay a check that exceeds the fully paid and collected share balance in this Account. However, if any of the undersigned writes a check that would exceed such balances and result in this Account being overdrawn, the Credit Union may: (1) Treat such checks as a request to the Credit Union for advance from a pre-approved loan account if such loan account is previously applied for, approved and established. (2) If none of the undersigned is then eligible to receive a loan advance as provided above, the Credit Union may, nevertheless, pay such checks and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, from any other regular share account from which any of the undersigned is then eligible to withdraw shares. (3) Pay such checks in the amount of the resulting overdraft, plus a service charge, overdrawing the account, by the total amount, (4) In any event, members(s) agrees(s) to pay the Credit Union the sum of all overdrafts upon demand. (c) The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any limitation on the time of payment) appearing on the check. (d) When paid, checks become the property of the Credit Union and will not be returned either with the periodic statement of this Account or otherwise. (e) The Credit Union is not liable for any action it takes regarding the payment of a check or the order in which the checks are paid. (f) Any objection respecting any item shown on a periodic statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed. (g) This Account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in its bylaws. (h) This Account is also subject to such other terms, conditions and services as the Credit Union may establish from time to time. (i) The Credit Union may at any time (without prior notice) impress or enforce a lien on any part of your accounts by setting off the funds in this account against any debt owed to us now or in the future, by any account owner having the right to withdrawal. Such setoff is except as prohibited by law. (j) Stop payment on any check can be requested by furnishing the Credit Union, during regular Credit Union business hours, a written request with the exact amount, date, number, payee and such other information that may be necessary to identify the check properly. Notice must be provided in a manner allowing the Credit Union reasonable opportunity to act on the request. (k) The Credit Union may close this account at any time by mailing a notice to the primary account owner with a remittance for the balance therein or upon transferring said balance to

(over)

another Credit Union deposit account in the name of same owner. The Credit Union shall not be liable for refusing to pay any check presented after an account is so closed.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding below on this form. I understand and agree that the Patriot Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

4. AUTHORIZED SIGNATURES:

1. _____ Signature	_____ Date	3. _____ Signature	_____ Date
2. _____ Signature	_____ Date	4. _____ Signature	_____ Date

ACCOUNT OWNERSHIP (APPLICABLE IF "OTHER ACCOUNT OWNER" DESIGNATION ON REVERSE SIDE): The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.



Account Services:
(Select the services requested with regard to the account selected on the reverse side. NOTE: Some services are not available for certain accounts.)

ATM/Debit Card*
 Overdraft Protection Loan*
 Telephone/ Internet Access
 Payroll Deduction/Direct Deposit*
 Bill Payment
 Other: _____

Check and Initial here to opt out of this service:
 E-Statement _____

*A separate application is required for this service.

IF APPROVED: Overdraft Protection will make transfers from the accounts listed below in the order of priority listed:

1. Account No. _____ 2. Account No. _____

PAYABLE ON DEATH (POD): COMPLETE ONLY IF POD - NOT TO BE USED FOR IRA, OTHER RETIREMENT PLAN ACCOUNTS OR OTMA.

1. Name: _____ Address: _____	Relationship: _____ Birth date: _____	Beneficiary's SSN: _____
2. Name: _____ Address: _____	Relationship: _____ Birth date: _____	Beneficiary's SSN: _____

This POD Designation Only applies to the Account(s) Listed on the Reverse Side. I/we understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. I understand that these accounts will belong to the named beneficiary(ies), and will not be inherited by my/our heirs, or controlled by will. The provisions set forth in the Membership Agreement with the Credit Union will govern payment.

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION:

For U.S. Citizens and Resident Aliens: In addition to my agreement with the Credit Union, by signing of this Account Card, I certify under the penalties of perjury that: (1) The Taxpayer Identification Number (TIN) or Social Security Number (SSN) on the front side of this Card is my/the correct TIN/SSN (or that I am waiting for a number to be issued); (2) I am NOT subject to backup withholding because: (a) I am exempt, (b) I have not been notified by the IRS that I am subject to backup withholding, 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: You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of your failure to report all dividends and interest on your tax returns. **If you are not a U.S. person:** You must complete and provide to the Credit Union IRS Form W-8BEN, which is incorporated herein by reference. **Note: If you own the income or account jointly with one or more other persons, the income or account will be treated by the withholding agent as owned by a foreign person if Forms W-8BEN are provided by all of the owners. If the withholding agent receives a Form W-9 from any of the joint owners, the payment must be treated as made to a U.S. person.**

CREDIT UNION NOTES: Member/Owner/User Identification Verified via:

1. Driver's License # _____ State _____ Exp. Date _____ Other: _____

2. Driver's License # _____ State _____ Exp. Date _____ Other: _____

3. Driver's License # _____ State _____ Exp. Date _____ Other: _____

(Soc. Security Card, Military ID, Govt. Benefits Card, or Other Proper ID).

Date Approved: _____ By: _____ (MBR SERVICE REP) rev. 9/2011