

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit
- Overdraft Protection (Indicate transfer priority below)

- PC Access/Internet Banking _____
- ATM Card _____
- Debit Card _____
- Audio Response _____
- Other _____

ACCOUNT OWNERSHIP

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

- Individual** **Joint Account *with* Survivorship**

Joint Owner _____ SSN/TIN _____
Street _____ Driver's Lic. No. _____
City _____ State _____ Zip _____
Password / Mother's Maiden Name _____ Date of Birth _____
Home Phone (_____) _____ Work Phone (_____) _____
E-mail _____ Cell Phone (_____) _____

Joint Owner _____ SSN/TIN _____
Street _____ Driver's Lic. No. _____
City _____ State _____ Zip _____
Password / Mother's Maiden Name _____ Date of Birth _____
Home Phone (_____) _____ Work Phone (_____) _____
E-mail _____ Cell Phone (_____) _____

ACCOUNT DESIGNATIONS

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

Beneficiary / POD Payee _____
SSN/TIN _____
Address _____ City _____ State _____ Zip _____
Beneficiary / POD Payee _____
SSN/TIN _____
Address _____ City _____ State _____ Zip _____

- Agency** Print name of Agent _____
Signature _____ Date _____

- UTTMA/UGMA** (as custodian for _____ (minor) under the
Uniform Transfers / Gifts to Minors Act) Minor's TIN/SSN _____

- 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



MEMBERSHIP CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member Number _____

First Name _____ Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Driver's Lic. No. _____ SSN/TIN _____

Password / Mother's Maiden Name _____ Date of Birth _____

Home Phone (_____) _____ Work Phone (_____) _____

E-mail _____ Cell Phone (_____) _____

Employer _____

- I am eligible to join because:
- I work for _____
 - I am related to _____
 - I live or work in the community of _____

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 below unless the credit union is notified in writing of a change.

Suffix*

Suffix*

Share / Savings _____

Checking _____

Secondary Savings _____

Money Market _____

Holiday Savings _____

CD: _____ month term

IRA Savings _____

IRA: _____ month term

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed above. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

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.
- (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 W-8 BEN if you are not a U.S. person.

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 acknowledge receipt of a copy of the Agreement 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 Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature _____ Date _____

Joint Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____

PROXY INFORMATION

As a member/owner of Access Credit Union, I hereby constitute and appoint the members of the Board of Directors of Access Credit Union, Westchester, Illinois, who are qualified and acting directors at this time this proxy is used, as proxies to vote for the election of directors, mergers, and other matters for which I am entitled to vote by proxy, all the shares of Access Credit Union now or hereafter owned or held by the undersigned, as the said directors or a majority of them see fit, or at all annual or special meetings of the members of said credit union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member. I further authorize the said proxies to designate a person or committee to cast the vote or votes of the undersigned in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

Signature _____ Date _____