

# master account signature card



**Important Information About Procedures for Opening a New Account:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What this means for Me:** When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You also may ask to see my driver's license or other identifying documents.

for UMe use only member name: \_\_\_\_\_ date: \_\_\_\_\_ account #: \_\_\_\_\_ fsr initials: \_\_\_\_\_

## ACCOUNT TYPE

I wish to open the following:  Savings Account  Checking Account  Money Market Account (MMA)  Certificate Account  Special Savings Account  Other: \_\_\_\_\_

I would like the following product(s) / service(s):  Visa Debit Card  ATM Card  Online Banking

The account(s) shall be:  Individual  Joint  With Pay-On-Death Provision With Overdraft from:  Savings  Checking  MMA  Other

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ (MI) \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Job Title \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Membership Eligibility:**  Live in Burbank  Work in Burbank  Worship in Burbank  Student in Burbank  Family/Employer/Association  Other: \_\_\_\_\_

## PLEASE INDICATE HOW / WHERE YOU HEARD ABOUT US. (We'd really like to know what - or who - inspired you to bank with us!)

family (referral name): \_\_\_\_\_  friend (referral name): \_\_\_\_\_  UMe employee (referral name): \_\_\_\_\_

walked / drove by  newspaper ad  bus stop poster  door hanger  mail  coffee sleeve  yelp  twitter  google ad  other online ad  partner perks

bta newsletter  school mail insert (school name): \_\_\_\_\_  school ad / sponsorship (school name): \_\_\_\_\_

## PAYABLE-ON-DEATH (POD) PROVISION AUTHORIZATION

POD Payee Full Name / Distribution Amount (%):	/ _____ %	/ _____ %
Street Address:		
City / State / Zip:		
Phone Number(s):		
Relationship:		

## AUTHORIZATION

If I am not currently a member, I hereby make application for membership in UMe Federal Credit Union. Each applicant for membership certifies that he or she is within the Credit Union's field of membership. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Account Agreement and Truth In Savings Disclosure and the Electronic Funds Transfer Disclosure and Agreement (if applicable), receipt of both of which is hereby acknowledged and which are incorporated by reference. I understand and agree that this Signature Card shall govern all accounts ("Accounts") opened, whether now or in the future, under the account number set forth above. I agree that you may retain this Signature Card and any other information you may receive. I will execute additional signature cards to open other account(s) with you. I authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time. I understand that this will assist you, for example, in determining my initial and ongoing eligibility for my Accounts and/or in correction with making present and future credit opportunities available to me. I authorize you to give information concerning your experience with me to others.

## REQUEST FOR TAXPAYER IDENTIFICATION NUMBER | PART I. Taxpayer Identification Number (TIN)

I will enter my TIN in the appropriate box. For individuals, this is my Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, I will see Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification in the Account Agreement and Truth-In-Savings Disclosure. For other entities, it is my Employer Identification Number (EIN). If I do not have a number, I will see How to Get a TIN in "Specific Instructions" Part I. **NOTE:** If the account is in more than one name, I will see the chart for guidelines on "What Name and Number To Give the Requestor."

**SOCIAL SECURITY # (SSN):** \_\_\_\_\_ **OR EMPLOYER ID # (EIN):** \_\_\_\_\_

Under penalties of perjury, member certifies 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); and 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). I agree to cross out item (2) above if I have been notified by the IRS that I, currently, am subject to backup withholding because of underreporting of interest and/or dividends on my tax return.

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

Signature of U.S. Person: \_\_\_\_\_ Date: \_\_\_\_\_

THUMBPRINT

for UMe use only  chexsystems  ofac  scan id(s)  address verification  credit report  safety net  date: \_\_\_\_\_ & \_\_\_\_\_ fsr (2) initials membership officer initials

**JOINT OWNER (1) INFORMATION** (if applicable)

Last Name _____		First Name _____		(MI) _____	SSN/TIN _____	
Street Address _____			City _____		State _____	Zip Code _____
Driver's License Number _____		State _____	Expiration Date _____	Date of Birth _____	Mother's Maiden Name _____	
(_____) _____		(_____) _____		Email Address _____		
Home Phone Number _____		Cell Phone Number _____		Email Address _____		
Employer _____		Occupation/Job Title _____			(_____) _____	
Work Address _____		City _____		State _____	Zip Code _____	
Signature: _____					Date: _____	
					THUMBPRINT	

**JOINT OWNER (2) INFORMATION** (if applicable)

Last Name _____		First Name _____		(MI) _____	SSN/TIN _____	
Street Address _____			City _____		State _____	Zip Code _____
Driver's License Number _____		State _____	Expiration Date _____	Date of Birth _____	Mother's Maiden Name _____	
(_____) _____		(_____) _____		Email Address _____		
Home Phone Number _____		Cell Phone Number _____		Email Address _____		
Employer _____		Occupation/Job Title _____			(_____) _____	
Work Address _____		City _____		State _____	Zip Code _____	
Signature: _____					Date: _____	
					THUMBPRINT	

**JOINT OWNER (3) INFORMATION** (if applicable)

Last Name _____		First Name _____		(MI) _____	SSN/TIN _____	
Street Address _____			City _____		State _____	Zip Code _____
Driver's License Number _____		State _____	Expiration Date _____	Date of Birth _____	Mother's Maiden Name _____	
(_____) _____		(_____) _____		Email Address _____		
Home Phone Number _____		Cell Phone Number _____		Email Address _____		
Employer _____		Occupation/Job Title _____			(_____) _____	
Work Address _____		City _____		State _____	Zip Code _____	
Signature: _____					Date: _____	
					THUMBPRINT	