

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 #: _____

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 (%):	/ _____ %	/ _____ %
SSN / Date of Birth	/	/
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 Member Account Agreement & Disclosure which includes the Electronic Funds Transfer Disclosure & Agreement, and receipt 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 connection 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 Member Account Agreement & 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: _____

for UMe use only chexsystems ofac scan id(s) address verification credit report safety net date: _____ verified by (employee 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	
()		()				
Home Phone Number		Cell Phone Number		Email Address		
Employer		Occupation/Job Title			() Work Phone Number	
Work Address			City		State	Zip Code
Signature: _____						Date: _____

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	
()		()				
Home Phone Number		Cell Phone Number		Email Address		
Employer		Occupation/Job Title			() Work Phone Number	
Work Address			City		State	Zip Code
Signature: _____						Date: _____

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	
()		()				
Home Phone Number		Cell Phone Number		Email Address		
Employer		Occupation/Job Title			() Work Phone Number	
Work Address			City		State	Zip Code
Signature: _____						Date: _____