



# Membership & Account Agreement

Account #: \_\_\_\_\_

Passcode: \_\_\_\_\_

## ACCOUNT TYPE

SHARE SAVINGS (REG)

VACATION (04)

HOLIDAY (03)

SHARE DRAFT/(09)

MONEY MARKET (02)

SHARE CD

IRA (CD)

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

OPT OUT FOR MAIL SERVICES (opting out will exclude your name from our mailing lists.)

## MEMBERSHIP APPLICATION & OWNERSHIP INFORMATION

### PRIMARY OWNER

SS#: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

### JOINT OWNER

SS#: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

JOINT OWNER



SS#: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

ACCOUNT SERVICES

CHECK CARD

E-STATEMENTS

TELEPHONE TELLER

HOMEBANKING

BILL PAYER

MEMBER SECURE®

DISCLOSURES

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).

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure and Joint Account Disclosure Notice, if applicable, and to any amendment the credit union makes from time to time which are incorporated 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 IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. By signing below, I/we make application to Superior Credit Union to check my/our credit history for any reason, including verification of this information on this application. I/we understand: I/we will receive all product/service disclosures after my/our application is approved, and that some services require credit approval. I/we have also received information for and agree to enrollment in the member secure™ program.

I/we hereby authorize the Superior Credit Union (the Credit Union) to establish this Share Draft Account (if applicable) for me/us. The Credit Union is authorized to pay share drafts by me (or by any of us) and to charge such payments against the shares in this account. I/we here acknowledge that the Credit Union has informed me/us of the following: (1)The Credit Union's policy concerning the hold period placed on funds deposited; (2) The Credit Union's stop payment policies; and (3) The Credit Union's policies concerning it's liens on this share.

SIGNATURES

Primary Owner Signature: \_\_\_\_\_ date: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_ date: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_ date: \_\_\_\_\_

FOR OFFICE USE ONLY:

- clear (ok)
- acct abuse \_\_\_\_\_ date
- charge off \_\_\_\_\_ date

e funds tlr: \_\_\_\_\_ date: \_\_\_\_\_

- Eligibility:  live  work: \_\_\_\_\_
- worship: \_\_\_\_\_
  - school: \_\_\_\_\_
  - family: \_\_\_\_\_

- credit report
- liberty checks
- check digit
- driver's license scanned date: \_\_\_\_\_

membership officer: \_\_\_\_\_ date: \_\_\_\_\_ teller: \_\_\_\_\_