



MEMBERSHIP and SERVICES APPLICATION

- checkbox New
checkbox Change
checkbox Other

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.

How are you eligible for membership?
Account Number(s):

Account Type:
checkbox Individual
checkbox Joint with Right of Survivorship
checkbox Custodial (UTMA/UGMA)
checkbox Other:
checkbox Estate\*\*
checkbox IRA\*\*
checkbox Trust\*\*
\*\*Requires additional signed Agreements

Account(s) Requests:
checkbox Savings
checkbox Dividend Checking
checkbox eStyle Checking
checkbox Free Checking
checkbox Other:

Account Services:
checkbox Visa Debit Card\*
checkbox Visa Credit Card\*
checkbox Checks
checkbox Other:
\*NOTE: Some services are not available for certain accounts.

Member Information (Print your full Name, including MI and Suffixes, Jr. Sr.)
Member SSN or TIN:
Birth Date:

Mailing Address:
City:
State:
Zip Code:
Home Phone:

Physical Address (if different than mailing):
City:
State:
Zip Code:
E-Mail Address:

Employer:
Position:
Gross Income/Month:
Self-Employed? checkbox Yes checkbox No
If yes, indicate Business Type:

Business Address:
City:
State:
Zip Code:
Business Phone:

Driver's License or Other Government ID Number:
ID Type:
ID Number:
State/Country:
Issue Date:
Expiration Date:
Primary Source of Deposits to your Account(s):
checkbox Payroll Deposit
checkbox Retirement
checkbox Investments
checkbox Social Security
checkbox Other:

Account Password (up to 12 characters):
I understand that my password can be used as an alternative form of identification on my account. Credit Union Tellers, Member Service and Contact Center representatives may request the password when working with me on my account. I understand that this should be kept confidential and should be treated with the same level of security as a PIN.

eDocuments:
I understand, unless I request otherwise, I will be receiving electronic documents for all my accounts. Before receiving eDocuments, I will be required to confirm initial access via the Credit Union's online banking enrollment process. By checking the box below, I am requesting paper documents, which will be mailed directly to my address on file.
checkbox

Joint Owner or Other Account Signer Information:
checkbox Joint Owner
checkbox Custodian
checkbox Trustee
checkbox Other:
checkbox Parent/Legal Guardian (Required on Minor Accounts)
Name: (please print)
Social Security Number:
Date of Birth:
ID Type:
ID Number:
State/Country:
Issue Date:
Exp Date:
Physical (Street) Address:
City:
State:
Zip Code:
Home Phone:
Email Address:
Self Employed? checkbox Yes checkbox No
If Yes, indicate business type:
Employer:
Position:
Work Phone:
Street Address:
Gross Income/Month:
City:
State:
Zip Code:

Joint Owner or Other Account Signer Information:
checkbox Joint Owner
checkbox Custodian
checkbox Trustee
checkbox Other:
checkbox Parent/Legal Guardian (Required on Minor Accounts)
Name: (please print)
Social Security Number:
Date of Birth:
ID Type:
ID Number:
State/Country:
Issue Date:
Exp Date:
Physical (Street) Address:
City:
State:
Zip Code:
Home Phone:
Email Address:
Self Employed? checkbox Yes checkbox No
If Yes, indicate business type:
Employer:
Position:
Work Phone:
Street Address:
Gross Income/Month:
City:
State:
Zip Code:

I/We want overdraft coverage for my ATM withdrawals and debit card purchases. I/We understand that if I/We cause an overdraft, I/We will be charged a fee as stated in the Credit Union's fee schedule, which may be amended from time to time. This opt-in shall apply to all the undersigned's present and future products and services on this account, whether jointly or individually held.

By checking the box and signing below I am also acknowledging our right to revoke the opt-in at any time and that I will receive by mail or electronically the required written opt-in confirmation notice and the statement informing us of our right to revoke the opt-in.

I want Elevations Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions

Signature: \_\_\_\_\_

## Membership Agreement

By signing below, I agree to the terms and conditions of the Membership & Account Agreement, Truth in Savings Terms & Conditions Disclosure, Electronic Funds Transfer Agreement and Disclosure, Fee Schedule, Funds Availability Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein by reference. I certify the signature on this card apply to all accounts designated within this account application; and all information provided is true and correct. **I understating 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.** I acknowledge receipt of a printed and/or electronic copy of, and agree to be bound by the terms of the Agreement, Credit Union Privacy Policy, and Truth in Lending Disclosures applicable to the accounts and services requested herein. After notification, the Credit Union may charge a fee for continuing to maintain my inactive account. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

Account Ownership (APPLICABLE IF JOINT OWNERS ARE DESIGNATED ON THE FRONT OF THIS CARD): 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 an legal or contractual lien right as to any owner's obligations.

As Joint on the Account, you are financially responsible for the Account and any defaults/overdrawn balances.

As inducement to Elevations Credit Union to provide financial services and extend credit to the above-identified Borrower, the undersigned individual hereby agrees to act as joint accountholder and further guarantee absolutely and unconditionally the prompt payment to the Credit Union when due all amounts owed by Borrower to the Credit Union, and the prompt performance of all obligations of Borrower as a member and accountholder of the Credit Union. The guarantee also includes all related obligations of Borrower such as interest, collection costs, NSF check fees, attorney's fees, etc., until the entire balance of all such obligations, have been paid in full. Guarantors shall not be released from liability under this guarantee until all of Borrower's obligations to the Credit Union have been satisfied in full.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

### SSN Certification and Backup Withholding

*By signing this application, I certify under penalty of perjury, that (1) I am a U.S. person (including a U.S. resident alien), (2) the Social Security Number (SSN) shown is my correct identification number and (3) I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.*

I am subject to backup withholding

I am not a U.S. citizen or U.S. person (complete W-8BEN)

**I agree to review the full membership agreement and account disclosures available in print, via email and at ElevationsCU.com**

**AUTHORIZED SIGNATURES:**

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Date