



**ACCOUNT CARD**

**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 listed unless the Credit Union is notified in writing of a change.

<input type="checkbox"/> Share/Savings: _____	Suffix _____	<input type="checkbox"/> Money Market: _____	Suffix _____
<input type="checkbox"/> Share Draft/Checking: _____		<input type="checkbox"/> HSA: _____	
<input type="checkbox"/> Share Certificate/Certificate: _____		<input type="checkbox"/> Other: _____	

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

Member No:

Member/Owner: \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Listed  Unlisted Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Membership Eligibility: \_\_\_\_\_ E-mail: \_\_\_\_\_

**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 (or I am waiting for a number to be issued), 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) 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*

**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 a 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 agreements 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 Fund Transfers Agreement and Disclosure. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

<b>X</b> _____ Signature Date	<b>X</b> _____ Signature Date
<b>X</b> _____ Signature Date	<b>X</b> _____ Signature Date

**ACCOUNT SERVICES**

Payroll Deduction/Direct Deposit: \_\_\_\_\_  ATM Card: \_\_\_\_\_

Overdraft Protection (Indicate transfer priority.): \_\_\_\_\_  Debit Card: \_\_\_\_\_

\_\_\_\_\_  Audio Response: \_\_\_\_\_

PC Access/Internet Banking: \_\_\_\_\_  Other: \_\_\_\_\_

**ACCOUNT OWNERSHIP**

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

**Individual**                       **Joint Account with Rights of Survivorship**                       **Joint Account without Rights of Survivorship**

**Joint Owner:** \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Listed  Unlisted                      Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Joint Owner:** \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Listed  Unlisted                      Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ACCOUNT DESIGNATIONS**

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

All Accounts     Designate Specific Accounts: \_\_\_\_\_

Beneficiary/POD Payee: \_\_\_\_\_ Beneficiary/POD Payee: \_\_\_\_\_

Street: \_\_\_\_\_ Street: \_\_\_\_\_

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

**UTMA/UGMA** (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act)    Minor's SSN/TIN: \_\_\_\_\_

**Agency**    Print Name of Agent: \_\_\_\_\_

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

All Accounts     Designate Specific Accounts: \_\_\_\_\_

**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

Tri-Valley Service Federal Credit Union  
1920 Cochran Road, P.O. Box 16345  
Pittsburgh, PA 15242  
Phone: 412-344-3406 Fax: 412-561-3961

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2/22/2012

Account Card Instructions  
Please Read Before Completing Card

**\*\*MOST IMPORTANT!! All applicants (you and joint owner(s), if any) MUST INCLUDE two (2) current and valid forms\* of identification (we MUST have a copy of something with your CURRENT ADDRESS) and an initial deposit of \$5.00 with this account card.\*\***

**FILL OUT THE FOLLOWING AREAS:**

ACCOUNT TYPE

- All applicants (you and joint owner(s), if any) initial next to the account(s) of your choice (**membership must start with a share/savings account**)

MEMBER APPLICATION AND OWNERSHIP INFO

- Complete **ALL** areas
- Creating a password is optional, you will be asked this password when calling/stopping in the office

AUTHORIZATION

- All applicants (you and joint owner(s), if any) sign and date

**REVERSE SIDE**

ACCOUNT SERVICES

- All applicants (you and joint owner(s), if any) check and initial next to the service(s) of your choice

ACCOUNT OWNERSHIP

- Joint applicant(s) if any, must complete ALL areas

- \* Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.
- \* It is necessary to have a share/savings account with a minimum balance of five dollars (\$5.00) at all times before any other credit union services can be utilized.
- \* **Acceptable forms of ID include: government issued drivers license/ID (with current address), social security card, birth certificate, employer ID, student ID, firearms permit, vehicle registration (with current address), and passport.**
- \* All applicants are subject to a ChexSystems report.
- \* If closing account before 90 days of membership, member is subject to a \$5.00 close-out fee.