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Membership Application
Account Agreement, Ownership
Designation and Authorization of Signers

Member/ Owner: _____ Member No: _____

Purpose : Establish Membership Add Owners / Signers Remove Owners / Signers Name Change Trustee Change

Designate the ownership of the accounts and responsibility for the services requested.
 Individual Joint Account with Survivorship Joint Account without Survivorship Trust With Authorized Signers Custodian

Street: _____ SSN/TIN: _____ Date of Birth: _____
City/State/Zip: _____ Driver's Lic. No: _____
Home Phone: _____ Work Phone: _____ E-mail: _____
Cell Phone: _____ Password: _____ Membership Eligibility: _____
Employer: _____ SEG: _____

Additional Member Ownerships or Authorizations

Joint Owner Signer Trustee SSN/TIN: _____ Date of Birth: _____
Street: _____ Driver's Lic. No.: _____
City/State/Zip: _____ E-mail: _____
Home Phone: _____ Work Phone: _____ Password: _____

Joint Owner Signer Trustee SSN/TIN: _____ Date of Birth: _____
Street: _____ Driver's Lic. No.: _____
City/State/Zip: _____ E-mail: _____
Home Phone: _____ Work Phone: _____ Password: _____

Joint Owner Signer Trustee SSN/TIN: _____ Date of Birth: _____
Street: _____ Driver's Lic. No.: _____
City/State/Zip: _____ E-mail: _____
Home Phone: _____ Work Phone: _____ Password: _____

Change in Member Ownership or Authority

Name Changed to _____ SSN/TIN _____ Previous Name _____
First M.I. Last

REMOVE Owner / Signer: I hereby authorize Oregonians Credit Union to remove my ownership from the member record referenced above. By signing below I agree to release any and all rights to and ownership of all assets and accounts associated with this member record as of (date) _____

Name _____ SSN / TIN _____ Signature _____
Name _____ SSN / TIN _____ Signature _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account Street: _____ City/State/Zip: _____ SS# _____ DOB _____ %
POD Beneficiary: _____
POD Beneficiary: _____
POD Beneficiary: _____
POD Beneficiary: _____

UTTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act
Minor's SSN/TIN: _____

ACCOUNT TYPE(S)

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the suffixes (accounts) unless the member chooses to execute additional account ownership / authorization cards. Any cards executed after this card's signature date will take precedence and will be recognized as the sole signing authority for that suffix (account).

Suffix* _____ Suffix* _____
 Savings _____ Money Market _____
 Checking _____ Other _____
 Certificate _____ Individual Retirement Account (IRA shall be for the Primary Member only)
 Christmas and Vacation Club restrictions Withdrawal prior to payout will result in account closure.

*The account number for each of the accounts listed shall consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

Overdraft Protection: Savings only [] Savings then OD LOC [] OD LOC then Savings [] Payroll Deduction/Direct Deposit: []

Remote Services Audio [] Online Banking: [] Bill Pay [] E-Statement - Informed []

Acct Type Check Style Starting # Include address? [] Phone? []

Mail to Branch # Boxes Bill Mbr?

Name or Names on Checks

[] Debit Card: 1st Name as it will appear on card
2nd Name as it will appear on card
Optional additional 2nd line card reference

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I (we) certify under penalties of perjury, that the Social Security Number/Taxpayer Identification Number (TIN) shown is my (our) correct identification number and that I (we) am (are) NOT, unless designated below, subject to backup withholding as a result of a failure to report all dividends or interest, or I am exempt, or because the IRS has notified me that I am no longer subject to backup withholding.

- [] I am subject to backup withholding
[] I am exempt from, or NOT subject to, backup withholding
[] I am not a United States citizen or resident (W-8 form must accompany this signature card)

X Primary Member Signature Date X Joint Member Signature Date

AUTHORIZATION

This membership and associated account(s) are governed by the policies and rules of the credit union which are set from time to time by the credit union and by various government regulations. All of the policies, including restrictions and fee schedules are spelled out in detail in the separate MEMBERSHIP AND ACCOUNT AGREEMENT as well as the RATE AND FEE SCHEDULE and all other disclosures and/or attachments, if applicable, and to any amendment the credit union makes from time to time which are incorporated herein.

By signing this account card, you (to include all those signing below) agree to the following: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

- That all the information you have supplied on this card is complete and true.
- That you agree to not utilize your account(s) for illegal or fraudulent transactions.
- That you have received and have read the separate MEMBERSHIP AND ACCOUNT AGREEMENT as well as the RATE AND FEE SCHEDULE that spells out the terms, policies and fees that govern your account(s).
- That you agree to be bound by all terms, policies, and fees that apply to your account(s) and any charges that are made subject to the terms spelled out in the MEMBERSHIP AND ACCOUNT AGREEMENT if you are approved for membership.
- That your continued use of the account(s) is agreement to any change in terms, rates and fees provided we give proper notice of changes as required by regulation.
- That each signer on the Membership Application authorizes the Credit Union to obtain credit reports in connection with this application for membership / credit and for any update, increase, renewal, extension or collection of credit received.

Adult Joint on Minor Account Authorization : If this account is for a minor under the age of 18, I agree that all transactions requested by the minor shall be binding and not be subject to refunds, returns, or invalidation. I agree to hold Oregonians Credit Union harmless from any claims or losses associated with transactions performed by the minor on this account.

Joint Initial _____

X Primary Member Signature Date X Joint / Authorized Signature Date

X Joint / Authorized Signature Date X Joint / Authorized Signature Date

FOR CREDIT UNION USE ONLY

Original Date of Membership: _____ Opened/App'd by: _____ [] Mbr Agreement / Fee Schedule provided

Form Memo: _____

- [] ID Scanned to system [] Debit Card Ordered [] DC \$ [] DC \$\$ [] DC \$\$\$
[] OD Protecton set up [] ChexSystems / OFAC verified [] Checks Ordered [] Book Number verified [] Book#
[] Membership Card provided [] Audio Response Setup [] E Teller Setup [] Secure Word Input