


Allied Credit Union 6110 Pinemont Dr, Suite 215 Houston, TX 77092 713-353-0460 Fax: 713-332-0510 www.alliedcreditunion.com	 <b>Account Card</b>
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<b>ACCOUNT TYPE</b>
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Share Savings _____ (Mandatory)	Christmas Club _____
Share Draft Checking _____	Other _____
Share Certificate _____	Other _____

<b>TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION</b>
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*Under penalties of perjury, I/we 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)*

**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.*

<b>MEMBERSHIP APPLICATION AND OWNERSHIP INFORMATION</b>
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Member Name:	Account #
Street	SSN/TIN
City/State/Zip	Driver's Lic. #
Home Phone	Date of Birth
Work Phone	Security Code
E-mail _____	
Employment _____	
Eligibility for Membership _____	

<b>AUTHORIZATION</b>
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By signing below I/we certify that the information on this Account Card (front & back) is complete and true and that 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, if applicable, and to any amendments the Credit Union makes from time to time. The terms and conditions of these documents are incorporated herein. I/We acknowledge receipt of a copy of the Agreement 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 Funds Transfer Agreement. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

Signature	
Signature	

**Account Services**

Dec. 2004

<input type="checkbox"/> Payroll Deduction / Direct Deposit	<input type="checkbox"/> ATM Card
<input type="checkbox"/> Overdraft Protection	<input type="checkbox"/> Debit Card
<input type="checkbox"/> Other EFT Service	<input type="checkbox"/> Other
<input type="checkbox"/> PC Access / Internet Banking	<input type="checkbox"/> Other

**ACCOUNT OWNERSHIP**

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

Single Party

Multiple Party with Survivorship

\_\_\_\_\_

Multiple Party without Survivorship

\_\_\_\_\_

<b>Joint Owner</b>	SSN / TIN
Street	Drivers Lic. #
City/State/Zip	Date of Birth
Phones: Home _____ Work _____	Security Coed
<b>Joint Owner</b>	SSN / TIN
Street	Drivers Lic. #
City/State/Zip	Date of Birth
Phones: Home _____ Work _____	Security Code

**ACCOUNT DESIGNATIONS**

P.O.D. Beneficiaries  
 Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts listed under the ACCOUNT TYPE section on the reverse side.

<u>Name of Beneficiary</u>	<u>Identifying Information</u>
<u>Name of Beneficiary</u>	<u>Identifying Information</u>
<u>Name of Beneficiary</u>	<u>Identifying Information</u>

TUTMA (as custodian for \_\_\_\_\_ (minor) under the Texas Uniform Transfers to Minors Act)

Minor's SSN/TIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Convenience Account     All Accounts     Designated Accounts \_\_\_\_\_

Name of Convenience Person \_\_\_\_\_

FOR CREDIT UNION USE ONLY:  
Card

\_\_\_\_ See Account Change

Date of Membership \_\_\_\_\_

Opened / App'd by \_\_\_\_\_

Member Verification \_\_\_\_\_

\_\_\_\_ Credit Report

\_\_\_\_ Check Verify

\_\_\_\_ PIN Request

\_\_\_\_ Access Card

\_\_\_\_ Audio Response

\_\_\_\_ Internet Access