

NEW MEMBER APPLICATION/AGREEMENT



Share (Savings) Club Account	Share Draft (Checking) Overdraft Protection	Payroll Deduction/Direct Deposit (Complete Separate Form)
ACCOUNT TYPE: Personal	Organization	Trust Club Minor

Select the services you wish to obtain and complete the matching areas below.

MEMBER INFORMATION (Member must always complete this information area. Please Print.)

<input type="checkbox"/> MISS <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	APPLICANT'S NAME	First	Middle	Last	CELL PHONE #
SOCIAL SECURITY NUMBER	DATE OF BIRTH (Month, Day, Year)	HOME PHONE	WORK PHONE (Ext.)		
CURRENT MAILING ADDRESS	Street	City	State	Zip Code	
E-MAIL ADDRESS	DRIVER'S LICENSE NUMBER	MOTHER'S MAIDEN NAME			
EMPLOYER	MEMBERSHIP ELIGIBILITY:				
EMPLOYER'S ADDRESS					

SHARE/SHARE DRAFT/MONEY MARKET JOINT OWNER INFORMATION (COMPLETE THIS AREA IF YOU WISH TO HAVE A JOINT OWNER ON YOUR ACCOUNTS.)

<input type="checkbox"/> MISS <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	JOINT OWNER	First	Middle	Last Name	A	Share Savings	Share Draft
SOCIAL SECURITY NUMBER	DATE OF BIRTH (Month, Day, Year)	HOME PHONE	WORK PHONE (Ext.)		C	Money Market	Other
CURRENT MAILING ADDRESS	Street	City	State	Zip Code			
E-MAIL ADDRESS	DRIVER'S LICENSE NUMBER	MOTHER'S MAIDEN NAME					
EMPLOYER	MEMBERSHIP ELIGIBILITY:						
EMPLOYER'S ADDRESS							

ACCOUNT DESIGNATIONS

PAYABLE ON DEATH (POD) / TRUST ACCOUNT All Accounts Designate Specific Account(s) _____

Beneficiary _____ SSN# _____	Beneficiary _____ SSN# _____
Birth Date _____	Birth Date _____
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____

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

Agency: Name of Agent _____

AGREEMENT

I AGREE TO GRANT AUTHORITY TO THE CREDIT UNION TO PERFORM ALL NECESSARY CREDIT INVESTIGATIONS.

Signature _____ Date _____

Joint Owner Signature _____ Date _____

OVERDRAFT PROTECTION

Choose one of the following options to direct the credit union in processing withdrawals from your account which exceeds the balance available.

- DO NOT PAY OVERDRAFTS TRANSFER FROM SHARE SAVINGS TRANSFER FROM SHARE DRAFT
- TRANSFER FROM MONEY MARKET (\$100 MINIMUM) TRANSFER FROM LINE-OF-CREDIT

I ACKNOWLEDGE that membership at ABCO Federal Credit Union comes with certain ongoing responsibilities. By signing this document, I and my joint owner(s), if any, agree to abide by the properly disclosed terms and conditions of all accounts or services that I/we may receive at ABCO. These terms and conditions will be disclosed in accordance with applicable state and federal laws, and are provided in the disclosure and agreement forms listed under the corresponding outlined areas. The survivorship designated on my primary savings account applies to all other joint accounts with the same joint owner, unless specifically designated otherwise for a particular account.

UNDER PENALTIES OF PERJURY, I certify that the Social Security Number I have listed above is my correct number and that I am not, unless designated below, subject to backup withholding and that I am, unless, designated below, a U.S. citizen (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

MEMBER I AM SUBJECT TO BACKUP WITHHOLDING
I AM EXEMPT FROM WITHHOLDING.
I AM NOT A CITIZEN OR RESIDENT
(COMPLETE W-8 FORM).

JOINT OWNER I AM SUBJECT TO BACKUP WITHHOLDING
I AM EXEMPT FROM WITHHOLDING.
I AM NOT A CITIZEN OR RESIDENT
(COMPLETE W-8 FORM).

SURVIVORSHIP SELECTION APPLIES TO SHARE SAVINGS AND SHARE DRAFT JOINT OWNERS. (Please Check One.)

JOINT ACCOUNTS WITH SURVIVORSHIP (On the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.)

JOINT ACCOUNTS - NO SURVIVORSHIP (On the death of a party to the account, the deceased party's ownership in the account passes as a part of the party's estate.)

MEMBER SIGNATURE	JOINT OWNER SIGNATURE	DATE (Month, Day, Year)
_____	_____	____ - ____ - ____