



MEMBERSHIP and SERVICES APPLICATION

Request Type:

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:

- Individual, Estate\*\*, Joint with Right of Survivorship, IRA\*\*, Custodial (UTMA/UGMA)\*\*, Trust\*\*, Other:

\*\*Requires additional signed Agreements

Account(s) Requests:

- Savings, Dividend Checking, eStyle Checking, Free Checking, Other:

Account Services:

- Visa Debit Card\*, Checks, 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? Yes 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):

- Payroll Deposit, Social Security, Retirement, Other, Investments

Account Password (Up to 20 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.

Joint Owner or Other Account Signer Information:

- Joint Owner, Custodian, Trustee, Other:

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? Yes 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:

- Joint Owner, Custodian, Trustee, Other:

Parent/Legal Guardian (Required on Minor Accounts)

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Social Security Number, Date of Birth

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City, State, Zip Code

Home Phone, Email Address

Self Employed? Yes No

If Yes, indicate business type:

Employer, Position, Work Phone

Street Address, Gross Income/Month

City, State, Zip Code

**(Optional) PAYABLE ON DEATH (POD): Not to be used for IRA, HSA or other retirement plan accounts.**

Name:	Relationship:	SSN or TIN:	Birth Date:
Physical (Street) Address:		Phone Number:	
Name:	Relationship:	SSN or TIN:	Birth Date:
Physical (Street) Address:		Phone Number:	

The funds held by the Credit Union in this account may be withdrawn from or paid out by the Credit Union upon the request of any of the joint owners, and upon the death of the last joint owner, the Payable On Death (POD) payee or payees designated above shall have the right to be paid all remaining funds on deposit, in equal portions, subject to the Credit Union's right of set-off and any requirements set forth in the Membership and Account Agreement and the laws of the State of Colorado. If all named POD beneficiaries pre-decease the last surviving owner, or no POD beneficiaries are named, then the applicable funds shall be paid to the estate of the last surviving owner. The terms of the POD Designation or Cancellation, as stated herein, shall not be construed in any circumstances, to alter the rights and privileges enumerated in the Membership and Account Agreement. In the event of any conflict or ambiguity with respect to the existence or identity of the beneficiaries associated with an account, the decision of the credit union as to the identity of the beneficiaries shall be final and not subject to contestation.

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 and Account Agreement, Truth in Savings Disclosures, 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 (collectively, the "Agreement"). I certify the signatures on this application apply to all accounts designated within this account application; and all information provided is true and correct. **I understand 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, the Credit Union Privacy Policy, and the 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 APPLICATION): The named 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 and Account 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 any legal or contractual lien right as to any owner's obligations.

As a named Owner on the Account, I understand that I am 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 Owners, I individually hereby agree to act as a joint accountholder and further guarantee absolutely and unconditionally the prompt payment to the Credit Union when due of all amounts owed by the named Owners to the Credit Union, and the prompt performance of all obligations of the undersigned as a member and accountholder of the Credit Union. This guarantee also includes all related obligations that all named Owners may have to the Credit Union 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. I shall not be released from liability under this guarantee until all of the obligations to the named Owners 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) or the Tax Identification Number (TIN) 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 that I have been provided a copy of the Membership and Account Agreement, and the Account Disclosures for each product or service that I have requested.**

**AUTHORIZED SIGNATURES:**

_____	_____	_____	_____
<b>Owner Signature</b>	<b>Date</b>	<b>Joint Owner Signature</b>	<b>Date</b>
_____	_____	_____	_____
		<b>Joint Owner Signature</b>	<b>Date</b>