

# Member Account Agreement

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

## Credit Union Name & Address

MORTON CREDIT UNION  
121 MORTON DRIVE  
SOUTH HUTCHINSON, KS 67505

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

## Owner/Signer Information 1

Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	
Member Qualification/Relationship to Member	

## Owner/Signer Information 2

Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	
Member Qualification/Relationship to Member	

Member No. \_\_\_\_\_

## Account Title & Address

## Ownership of Account

The specified ownership will remain the same for all accounts.

- |   |  |
|---|--|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Corporation - For Profit  |
| <input type="checkbox"/> Joint with Survivorship (not as tenants in common) | <input type="checkbox"/> Corporation - Nonprofit   |
| <input type="checkbox"/> Joint with No Survivorship (as tenants in common)  | <input type="checkbox"/> Partnership               |
| <input type="checkbox"/> Trust-Separate Agreement Dated: _____              | <input type="checkbox"/> Sole Proprietorship       |
| <input type="checkbox"/>  | <input type="checkbox"/> Limited Liability Company |

## Beneficiary Designation

(Check appropriate ownership above.)

- |  |   |
|--|---|
| <input type="checkbox"/> Revocable Trust | <input type="checkbox"/> Pay-On-Death (POD) |
| <input type="checkbox"/>                 |   |

## Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: \_\_\_\_\_

## Signature(s)

The undersigned authorize the credit union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Terms and Conditions      | <input type="checkbox"/> Privacy            |
| <input type="checkbox"/> Electronic Fund Transfers | <input type="checkbox"/> Truth in Savings   |
| <input type="checkbox"/> Substitute Checks         | <input type="checkbox"/> Funds Availability |
| <input type="checkbox"/> Common Features           | <input type="checkbox"/>                    |

[ X	(Date)	]
[ X		]
[ X		]
[ X		]

Authorized Signer (If checked and account is individual and consumer purpose, the last of the above signers is an Authorized Signer.)

Owner/Signer Information 3	
Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	
Member Qualification/Relationship to Member	

Owner/Signer Information 4	
Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	
Member Qualification/Relationship to Member	

Backup Withholding Certifications	
<i>(If not a "U.S. Person," certify foreign status separately.)</i>	
TIN: _____	
<input type="checkbox"/> <b>Taxpayer I.D. Number (TIN)</b> - The number shown above is my correct taxpayer identification number.	
<input type="checkbox"/> <b>Backup Withholding</b> - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> <b>Exempt Recipients</b> - I am an exempt recipient under the Internal Revenue Service Regulations.	
<b>I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).</b>	
X _____	(Date)

Non-Individual Owner Information	
Name	
EIN	
Phone	
Mobile Phone	
E-Mail	
Type of Entity	
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	
Member Qualification/Relationship to Member	

Account Description	Account #	Initial Deposit/Source
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Other Terms/Information	
Name: _____	
Reference 1 (Relative) Relationship:	Reference 2 (Non-Relative) Relationship:
Address:	Address:
City/ST/Zip:	City/ST/Zip:
Ph #:	Ph #:
	