



WWW.CREDITUNIONONE.ORG  
PHONE: 405-557-0167  
TOLL FREE: 800-522-0167

#### INSTRUCTIONS FOR USE

1. Complete the form by typing in the appropriate information or printing the form and writing the appropriate information.
2. If typed, print the completed form and sign in appropriate places.
3. Once form is completed and signed, mail **WITH A COPY OF A VALID STATE ID/DRIVERS LICENSE AND \$25 DEPOSIT** to:

Credit Union One of Oklahoma  
ATTN: New Accounts  
PO Box 53005  
Oklahoma City, Oklahoma 73152

*Once we have received and verified all information, we will send you all disclosures that go along with the appropriate accounts opened, your membership ID card and receipt of deposit.*

Thank you for joining Credit Union One of Oklahoma.  
We're the one... Committed. Personal. Convenient.

For questions regarding the Membership Application, please call 405-557-0167 or e-mail [cuone@creditunionone.org](mailto:cuone@creditunionone.org).

### ACCOUNT TYPE

- Share/Savings
- Club Account
- Christmas Club
- CU Discover Club
- Share Certificate
- IRA
- Build Your Own Checking
- Your Money Market Checking

### TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

*By signing below, I certify, in accordance with the Internal Revenue Service (IRS) W-9 Instructions provided by Credit Union One of Oklahoma and under penalties of perjury, that the Social Security number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding, and that I am a U.S. person (including a U.S. resident alien).*

- I am subject to backup withholding
- I am not a United States citizen/resident (complete W-8 form)
- Exempt

### MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member \_\_\_\_\_ Account No. \_\_\_\_\_  
 Street \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Employer \_\_\_\_\_  Current  Retired  
 Job Title \_\_\_\_\_  
 E-mail \_\_\_\_\_

### AUTHORIZATION

I hereby make application for membership in and agree to conform to the By-Laws or any amendments thereof in the Credit Union One of Oklahoma.

Our policy is to pass on the liability of improperly endorsed item(s). The continued use of your account(s) constitutes acceptance of the liability for improperly endorsed item(s). By accepting this liability, you will be responsible for any resulting loss, should such an endorsement obscure any financial institution's endorsement.

By signing below, I/WE agree to the terms and conditions of the Membership and Account Agreement, Privacy Policy, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment Credit Union One of Oklahoma makes from time to time which 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 Electronic Account Access Service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We authorize, Credit Union One of Oklahoma to obtain a credit report, for all signees, at any time. **The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

## ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit  
 Overdraft Protection (indicate transfer priority) \_\_\_\_\_  
 With Honors Club  
 CheckCard/ATM Card\*  
 VIP Access/CU One Online

**\*APPLICATION SUBJECT TO APPROVAL BY CREDIT UNION ONE OF OKLAHOMA**

## ACCOUNT OWNERSHIP

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

- Member Only     Joint Membership With Survivorship     Joint Membership Without Survivorship

**Joint Owner** \_\_\_\_\_

Street \_\_\_\_\_ SSN/TIN \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Work Phone \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Employer \_\_\_\_\_  Current     Retired

E-mail \_\_\_\_\_

**Joint Owner** \_\_\_\_\_

Street \_\_\_\_\_ SSN/TIN \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Work Phone \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Employer \_\_\_\_\_  Current     Retired

E-mail \_\_\_\_\_

- OTHER:** \_\_\_\_\_     **SEE ACCOUNT AUTHORIZATION CARD**

This card supercedes any previously signed Joint Share Account Agreement.

## ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account**     All Accounts

- Designate Specific Accounts: \_\_\_\_\_

Beneficiary/POD Payee \_\_\_\_\_ Beneficiary/POD Payee \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

- Agency**    **Name of Agent** \_\_\_\_\_

- All Accounts     Designate Specific Accounts \_\_\_\_\_

## FOR CREDIT UNION ONE USE ONLY

Date of Membership: \_\_\_\_\_ Opened/App'd by: \_\_\_\_\_

Check all that apply:     **SEE ACCOUNT CHANGE CARD**

- Credit Report     Check Verify # \_\_\_\_\_     PIN Request

- ID COPY RECIEVED: \_\_\_\_\_     Main Branch     Quail Springs Branch

- Membership Card     OFAC     Audio Response/Internet Banking

Membership Type:     DHS/State Employee     Community