

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

Job Title _____

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

Job Title _____

- OTHER: _____
- SEE ACCOUNT AUTHORIZATION CARD

This sheet supercedes any previously signed Joint Share Account Agreement.

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account
 - Designate Specific Accounts: _____
 - All 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
 - ID COPY RECIEVED: _____
 - Membership Card
 - Membership Type: DHS/State Employee Community
 - Check Verify # _____
 - Main Branch Quail Springs Branch
 - OFAC
 - Audio Response/Internet Banking
 - PIN Request