

## **MEMBERSHIP SHEET**

AC	COUNT TYPE	
☐ Share/Savings	☐ Share Certificate	
☐ Club Account	☐ IRA	
☐ Christmas Club	☐ Build Your Own Checking	
CU Discover Club	☐ Your Money Market Checking	
TIN CERTIFICATION AND BA	ACKUP WITHHOLDING INFORMATION	
Union One of Oklahoma and under penalties of perjury Number (TIN) shown is my/the correct identification no backup withholding, and that I am a U.S. person (inclu	ernal Revenue Service (IRS) W-9 Instructions provided by Credit ry, that the Social Security number (SSN)/Taxpayer Identification number and that I am NOT, unless designated below, subject to uding a U.S. resident alien).   I am not a United States citizen/resident (complete W-8 form)	
·	SHIP INFORMATION (fields with * are required)	
Member*		-
	SSN/TIN*	
	Date of Birth*	
Work Phone*		-
Employer*		-
Job Title*		
Email*		-
	THORIZATION	
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	<b>X</b>	
X Signature Date	Signature Date	
Χ	X	
Signature Date	Signature Date	

ACCOUNT SERVICES			
☐ Payroll Deduction/Direct Deposit	☐ With Honors Club		
Overdraft Protection (indicate transfer	☐ CheckCard/ATM Card*		
priority)	·		
*APPLICATION SUBJECT TO APPROVAL BY CR			
ACCOUNT OWNERSHIP			
Designate the ownership of the accounts and responsibility for the service requested.			
☐ Member Only ☐ Joint Membership With Sur	vivorship		
Joint Owner			
Street	SSN/TIN		
City/State/Zip			
Home Phone	Date of Birth		
Work Phone	Mother's Maiden Name		
Employer	Current		
Job Title			
Joint Owner	<u> </u>		
Street			
City/State/Zip			
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			
7.6555111 D 25151171115115			
☐ 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			
	Opened/App'd by:		
Check all that apply: ☐ SEE ACCOUNT CHANGE CARD ☐ Credit Report ☐ Check Verify # ☐ PIN Request			
☐ ID COPY RECIEVED:			
☐ Membership Card ☐ OFAC	_ ' '		
Membership Type:   DHS/State	e Employee		