

NEW MEMBER APPLICATION/AGREEMENT



ACCOUNT TYPE:

Personal Trust Minor SHARE DRAFT
 Organization Club Classic Premiere Rewards

E Funds _____
 Member Eligibility _____

MEMBER INFORMATION

NAME (First, Middle, Last)		SOCIAL SECURITY #
STREET ADDRESS		DATE OF BIRTH
CITY, STATE, ZIP		HOME PHONE
EMPLOYER		CELL PHONE
EMPLOYER'S ADDRESS		WORK PHONE
ID # OR DRIVER'S LICENSE #	EMAIL ADDRESS	MOTHER'S MAIDEN NAME

JOINT OWNER INFORMATION

NAME (First, Middle, Last)		SOCIAL SECURITY #
STREET ADDRESS		DATE OF BIRTH
CITY, STATE, ZIP		HOME PHONE
EMPLOYER		CELL PHONE
EMPLOYER'S ADDRESS		WORK PHONE
ID # OR DRIVER'S LICENSE #	EMAIL ADDRESS	MOTHER'S MAIDEN NAME

ACCOUNT DESIGNATIONS

PAYABLE ON DEATH (POD) / TRUST ACCOUNT		All Accounts	Designate Specific Account(s):	
BENEFICIARY		BENEFICIARY		
RELATIONSHIP		RELATIONSHIP		
STREET ADDRESS		STREET ADDRESS		
CITY, STATE, ZIP		CITY, STATE, ZIP		
SOCIAL SECURITY #	DATE OF BIRTH	SOCIAL SECURITY #	DATE OF BIRTH	

AGREEMENT

I AGREE TO GRANT AUTHORITY TO THE CREDIT UNION TO PERFORM ALL NECESSARY CREDIT INVESTIGATIONS.

Signature _____ Date _____
 Joint Owner Signature _____ Date _____

OVERDRAFT PROTECTION

Choose one of the following options to direct the credit union in processing withdrawals from your account which exceeds the balance available.

DO NOT PAY OVERDRAFTS TRANSFER FROM SHARE SAVINGS TRANSFER FROM SHARE DRAFT
 TRANSFER FROM MONEY MARKET (\$100 MINIMUM) TRANSFER FROM LINE-OF-CREDIT

I ACKNOWLEDGE that membership at ABCO Federal Credit Union comes with certain ongoing responsibilities. By signing this document, I and my joint owner(s), if any, agree to abide by the properly disclosed terms and conditions of all accounts or services that I/we may receive at ABCO. These terms and conditions will be disclosed in accordance with applicable state and federal laws, and are provided in the disclosure and agreement forms listed under the corresponding outlined areas. The survivorship designated on my primary savings account applies to all other joint accounts with the same joint owner, unless specifically designated otherwise for a particular account.

UNDER PENALTIES OF PERJURY, I certify that the Social Security Number I have listed above is my correct number and that I am not, unless designated below, subject to backup withholding and that I am, unless, designated below, a U.S. citizen (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

MEMBER I AM SUBJECT TO BACKUP WITHHOLDING
 I AM EXEMPT FROM WITHHOLDING.
 I AM NOT A CITIZEN OR RESIDENT
 (COMPLETE W-8 FORM).

JOINT OWNER I AM SUBJECT TO BACKUP WITHHOLDING
 I AM EXEMPT FROM WITHHOLDING.
 I AM NOT A CITIZEN OR RESIDENT
 (COMPLETE W-8 FORM).

SURVIVORSHIP SELECTION APPLIES TO SHARE SAVINGS AND SHARE DRAFT JOINT OWNERS. (Please Check One.)

JOINT ACCOUNTS WITH SURVIVORSHIP (On the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.)
 JOINT ACCOUNTS - NO SURVIVORSHIP (On the death of a party to the account, the deceased party's ownership in the account passes as a part of the party's estate.)

MEMBER SIGNATURE	JOINT OWNER SIGNATURE	DATE (Month, Day, Year) - -
------------------	-----------------------	--------------------------------