

ST. MARY'S CLEVELAND FEDERAL CREDIT UNION  
4600 STATE ROAD  
CLEVELAND, OH 44109  
(216) 351-4353



ACCOUNT TYPE

- Share/Savings \_\_\_\_\_
- Share Draft/Checking \_\_\_\_\_
- Time Account/Share CD \_\_\_\_\_
- Money Market \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union 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 because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

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

MEMBER APPLICATION AND INFORMATION

Member \_\_\_\_\_ Account No. \_\_\_\_\_  
Address \_\_\_\_\_ TIN \_\_\_\_\_  
Driver's Lic. No. \_\_\_\_\_  
Phone Home ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone Work ( ) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Employment \_\_\_\_\_  
Eligibility for Membership \_\_\_\_\_

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union 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 ATM card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature Date Signature Date  
X \_\_\_\_\_ X \_\_\_\_\_  
Signature Date Signature Date  
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ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit
- Overdraft Protection (Transfer Priority)
- ATM Card/EFT Service \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

ACCOUNT OWNERSHIP

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

- Single Party
- Multiple Party with Survivorship
- Multiple Party without Survivorship

Account Owner \_\_\_\_\_ TIN \_\_\_\_\_  
Address \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Phone Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Account Owner \_\_\_\_\_ TIN \_\_\_\_\_  
Address \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Phone Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Other \_\_\_\_\_  See Account Authorization Card

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account
- All accounts
- Designate specific account(s)
- Beneficiary \_\_\_\_\_ Address \_\_\_\_\_
- Beneficiary \_\_\_\_\_ Address \_\_\_\_\_
- UTTMA/UGMA (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's TIN \_\_\_\_\_
- Agency Name of Agent \_\_\_\_\_
  - All Accounts
  - Designate specific accounts \_\_\_\_\_

FOR CREDIT UNION USE ONLY

See Account Change Card  
Date of Membership \_\_\_\_\_ Opened /App'd by \_\_\_\_\_ Member Verification \_\_\_\_\_  
PIN Request \_\_\_\_\_ Credit Report \_\_\_\_\_ Check Verify \_\_\_\_\_ ATM Card \_\_\_\_\_