

# Member Account Agreement

Date: \_\_\_\_\_

## Credit Union Name & Address

Credit Union Advantage  
22250 Providence Dr  
Southfield MI 48075

## Owner/Signer Information 1

Name	
Relationship	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

## Ownership of Account

The specified ownership will remain the same for all accounts.

*(For consumer accounts, select and initial.)*

- Individual
- Joint with Survivorship (not as tenants in common)
- Joint with No Survivorship (as tenants in common)
  
- Sole Proprietorship or Single Member LLC       Partnership
- LLC-enter tax classification ( C Corp  S Corp  Partnership)
- C Corporation     S Corporation     \_\_\_\_\_
- Trust-Separate Agreement Dated: \_\_\_\_\_
- \_\_\_\_\_

## Beneficiary Designation

*(Check appropriate ownership above.)*

- Revocable Trust
- \_\_\_\_\_

## Beneficiary Name(s), Address(es), and SSN(s)

*(Check appropriate beneficiary designation above.)*

## Member No.

## Account Title & Address

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

- If checked, this is a temporary account agreement.
- Number of signatures required for withdrawal: \_\_\_\_\_.

## Signature(s)

The undersigned authorize the credit union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. **The undersigned agree to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and acknowledge receipt of copy(ies) of, the following agreements or disclosures:**

- Terms & Conditions     Truth in Savings     Funds Availability
- Electronic Fund Transfers     Privacy     Substitute Checks
- Common Features     \_\_\_\_\_

- Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [ X ]

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(2): [ X ]

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(3): [ X ]

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(4): [ X ]

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Owner/Signer Information 2**

Name	
Relationship	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

**Owner/Signer Information 3**

Name	
Relationship	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

**Owner/Signer Information 4**

Name	
Relationship	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

**Important Account Opening Information.** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

**Non-Individual Owner Information**

Name	
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	
E-Mail	
Phone	
EIN:	Mobile Phone:

Account Description	Account #	Initial Deposit/Source
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____

**Services Requested**

ATM     Debit/Check Cards (No. Requested: \_\_\_\_\_ )

\_\_\_\_\_     \_\_\_\_\_

\_\_\_\_\_     \_\_\_\_\_

**Backup Withholding Certifications**

(If not a "U.S. Person", certify foreign status separately)

By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

**Taxpayer I.D. Number - TIN:** \_\_\_\_\_  
The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

**Backup Withholding.** I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

**Exempt Recipients.** I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) \_\_\_\_\_

**FATCA Code.** The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Other Terms/Information**

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