

It's Your Credit Union - God's Will for Your Finances is Our Greatest Asset.

11400 Glenn Dale Blvd. • Glenn Dale, MD 20769 Phone: 301.352.7285 • Fax: 301.352.7150 • www.ReidTempleFCU.org

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATI	ON Manufacture Na		
Member/Owner:	Member No:		
Street:	SSN/TIN:		
City/State/Zip:	Driver's Lic. No:		
Home Phone: Listed Unlisted	Date of Birth:		
Work Phone:	Password:		
E-mail:	Employer:		
Membership Eligibility:	Employer's Address:		
ACCOUNT OWNERSHIP			
Designate the ownership of the accounts and responsibility for the serv	rices requested. Joint Account without Rights of Survivorship		
☐ Individual ☐ Joint Account with Rights of Survivorship Signature X	Signature X		
Signature A	Signature X		
Joint Owner:	SSN/TIN:		
Street:	Driver's Lic. No:		
City/State/Zip:	Date of Birth:		
Home Phone: Listed Unlisted	Password:		
Work Phone:	E-mail:		
Joint Owner:	SSN/TIN:		
Street:	Driver's Lic. No:		
City/State/Zip:	Date of Birth:		
Home Phone: Listed Unlisted	Password:		
Work Phone:	E-mail:		
Joint Owner:	SSN/TIN:		
Street:	Driver's Lic. No:		
City/State/Zip:	Date of Birth:		
Home Phone: Listed Unlisted	Password:		
Work Phone:	E-mail:		
	DESIGNATIONS		
Payable on Death (POD) Account Payee:	Payee:		
Street:	Street:		
City/State/Zip:	City/State/Zip:		
Convenience Print Name of Convenience Person:			
Account	Date:		
Personal Custodian Account (as custodian for).		
Other:	See Account Authorization Card		
ACCOUNT TYPE All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed unless the credit union is notified in writing of a change.			
Suffix*	Suffix*		
Share/Savings:	_		
Share Draft/Checking:			
Share Certificate/Certificate:			
*The account number for each of the accounts listed consists of the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section .	ne suffix number added to the end of the Member Number listed in the lf this card applies to more than one account of the same type, more than		

ACCOUNT SERVICES			
Payroll Deduction/Direct Deposit	t:		
Audio Response:			
Overdraft Protection (Indicate tr	ansfer priority.):		
ATM Card:		Debit Card:	
PC Access/Internet Banking:			
Other:			
	UTMA CUSTODIAL DESIGNATIO	N AND INFORMATION	
The account(s) listed in the "ACCOUNT TYPE" section is/are held by the custodian(s) named below for			
	(Minor),	(Minor's SSN/TIN)	under the Maryland Uniform
Transfers to Minors Act.			
Custodian 1:	Custo	odian 2:	
Name:	N	lame:	
Address:	A	Address:	
Phone:	P	Phone:	
DOB:	D	OOB:	
SSN/TIN:	S	SSN/TIN:	
	UTMA DESIGNATION OF SUCC	CESSOR CUSTODIAN	
Pursuant to the Maryland Uniform Tr	ransfers to Minors Act, I designate:		
			55
resignation, incapacity or removal.	ounts listed in the "ACCOUNT TYPE" s	section. This designation shall take	e effect only upon my death,
		V	
X		X	
Signature of Custodian	Data	Witness	Data
Signature of Custodian	Date	Witness	Date
<u> </u>	TIN CERTIFICATION AND BACKUP WI		Date
Under penalties of perjury, I certify to	TIN CERTIFICATION AND BACKUP WI	THHOLDING INFORMATION	
Under penalties of perjury, I certify to (1) The number shown on this form	TIN CERTIFICATION AND BACKUP WI hat: is my correct taxpayer identification numb	THHOLDING INFORMATION ner (or I am waiting for a number to be	e issued),
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