



STATE HIGHWAY PATROL FEDERAL CREDIT UNION

1900 POLARIS PARKWAY • SUITE 400 • COLUMBUS, OH 43240

Account Card

Member No: _____

___ New Account ___ Name Change to Current Account ___ Add Joint Owner or POD
___ Add Share Draft/Checking to Current Account ___ Remove Joint/Primary Owner or POD

Member Application and Ownership Information

Member/Owner _____ SSN/TIN _____
Street _____ Drivers Lic. No/ State _____
City/State/Zip _____ Date Issued _____ Expires _____
Primary Phone No. _____ (H,W,or C) Date of Birth _____
Other Phone No. _____ (H,W,or C) Email _____
Employer _____ Membership Eligibility _____

Account Ownership

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

___ Individual account ___ Joint account with Rights of Survivorship

Joint Owner _____ SSN/TIN _____
Street _____ Drivers Lic. No/ State _____
City/State/Zip _____ Date Issued _____ Expires _____
Primary Phone No. _____ Date of Birth _____
Other Phone No. _____ Email _____
Employer _____

Joint Owner _____ SSN/TIN _____
Street _____ Drivers Lic. No/ State _____
City/State/Zip _____ Date Issued _____ Expires _____
Primary Phone No. _____ Date of Birth _____
Other Phone No. _____ Email _____
Employer _____

Account Designations

___ Payable on Death (POD) for all suffixes on account

Beneficiary/POD Payee _____ Beneficiary/POD Payee _____
Street _____ Street _____
City/State/Zip _____ City/State/Zip _____

Beneficiary/POD Payee _____ Beneficiary/POD Payee _____
Street _____ Street _____
City/State/Zip _____ City/State/Zip _____

Account Type

All of the terms, conditions, form of account ownership, account selection and other information indicated on the card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

___ Share/Savings (\$5.00 min dep) ___ Share Draft/Checking (\$25.00 min dep)
___ Christmas Club Savings (\$5.00 min dep) ___ Share Certificate (\$500.00 min dep per certificate)

Account Services

___ Overdraft Protection (indicate transfer priority): _____

___ Online/Internet Banking

___ ATM/Debit MasterCard ___ Share and Share Draft access or ___ Share Draft access only

___ Share Draft order request, starts with #500 unless otherwise noted. Phone # printed on checks? _____

TIN Certification and Backup Withholding Information

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or © the IRS has notified that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. Cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed your signature does not serve to certify this section.

Authorization

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, 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 agreements and disclosure applicable to the accounts and services requested herein. If an Electronic or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means to you: When you open an account, we ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

X _____ Date _____ X _____ Date _____

X _____ Date _____ X _____ Date _____

Please include a copy of an unexpired photo ID along with your Account Card.

For Credit Union Use Only

Opened by: _____ Date: _____ Deluxe Detect _____ Share Draft order _____ ATM/Debit card _____

Member Verification:

ATM/Debit card set up _____

Deluxe Detect ran _____

Share Drafts ordered _____

PC Access/ Internet Banking set up _____

Risk Rating Form _____