

GHS FEDERAL CREDIT UNION			<input type="checkbox"/> NEW
ACCOUNT CARD, MEMBERSHIP ACCOUNT AND SERVICES APPLICATION			<input type="checkbox"/> CHANGE
			<input type="checkbox"/> OTHER:
1. Member Information: Print Your Full Name [Including Middle Initial and Suffixes – Jr., Sr.,]			Member's E-Mail Address:
Member Number:	Title of Account [If Different from 1. Above. Example: Doe Family Living Trust]:		Member SSN or TIN:
Street Address:		Apt.#:	Driver's License Number:
City:	State:	Zip Code:	Date of Birth:
Home Phone Number: <input type="checkbox"/> Check if Unlisted ?		Business Phone Number:	Membership Eligibility: (Employment, Family, Other):
2. Account(s) Requested: [Select Accounts Using the Boxes Below. With the Exception of IRA Accounts, All Accounts Selected will be Jointly Owned if this Card Lists any "Joint Owner(s)"].			
<input type="checkbox"/> Savings Account		<input type="checkbox"/> Share Savings Certificate Account	
<input type="checkbox"/> Checking Account		<input type="checkbox"/> IRA Savings Account (May Not be Jointly Held)	
<input type="checkbox"/> Christmas Club Account		<input type="checkbox"/> UGMA/UTMA Account	
<input type="checkbox"/> Minor's Account		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> POD Account		<input type="checkbox"/> Other: _____	
3. OTHER: Parties listed herein will be deemed joint owners unless you select one of the following:			
<input type="checkbox"/> TRUSTEE, <input type="checkbox"/> CUSTODIAN <input type="checkbox"/> AUTHORIZED USER INFORMATION <input type="checkbox"/> OTHER: (Describe: _____)			
Name: (please print)		Date of Birth:	Social Security#: _____
		Driver's License#:	
2. _____			
Address:			
3. _____			
Address:			
4. _____			
Address:			

I hereby make application for membership in and agree to conform to the Bylaws, as may be amended, of GHS Federal Credit Union ("Credit Union"). I certify that I am within the field of membership of this Credit Union; the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. I also acknowledge that I have received and agree to be bound by the terms and conditions on the reverse side of this card and in the Accounts & Services of the Credit Union Booklet, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. **All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union. This card authorizes the Credit Union to open future subaccounts in the names of the owners or Account Title listed above.** Checks will be printed using the names and driver's license numbers of all joint owners, and the address and home phone number of the Member as they appear above. The singular includes the plural as applicable herein.

CONSENT TO ELECTRONIC DISCLOSURES: If I use, apply for or access any electronic services of the Credit Union, I agree to receive disclosures electronically, and have the ability to do so, as described in "TERMS AND CONSENT APPLICABLE TO ELECTRONIC SIGNATURES" of the Membership Agreement. **Accounts opened via telephonic or electronic means will rely on the signatures set forth on this card as the physical signature of the owners/authorized users of this/these accounts as applicable.**

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding on the reverse side of this Card. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

4. AUTHORIZED SIGNATURES:

1. _____ Date _____
Signature *Date*

2. _____ Date _____
Signature *Date*

3. _____ Date _____
Signature *Date*

4. _____ Date _____
Signature *Date*

[Reverse Side]

Account Services: (Select the services requested with regard to the account selected on the reverse side. NOTE: Some services are not available for certain accounts.)

ATM/Debit Card* Telephone Response*

Payroll Deduction/Direct Deposit* Home Banking/Bill Payment*

Overdraft Protection* Other: _____

IF APPROVED: Overdraft Protection will make transfers from the accounts listed below in the order of priority listed:

1. Account or Loan Account No. _____

2. Account or Loan Account No. _____

*A separate application may be required for this service. No protection from a loan account is provided unless approved for an overdraft loan account.

Credit Union Use Only:
Approval Notes: _____

PAYABLE ON DEATH (POD): COMPLETE ONLY IF POD - NOT TO BE USED FOR IRA OR OTHER RETIREMENT PLAN ACCOUNTS.

1. Name: _____	Relationship: _____	Beneficiary's SSN: _____
Address: _____	Birth date: _____	
2. Name: _____	Relationship: _____	Beneficiary's SSN: _____
Address: _____	Birth date: _____	

This POD Designation Only applies to the Account(s) Listed on the Reverse Side. I/we understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. I understand that these accounts will belong to the named beneficiary(ies), and will not be inherited by my/our heirs, or controlled by will. The provisions set forth in the Membership Agreement with the Credit Union will govern payment.

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION:

For U.S. Citizens and Resident Aliens: In addition to my agreement with the Credit Union, by signing on the front side of this Account Card, I certify under the penalties of perjury that: (1) The Taxpayer Identification Number (TIN) or Social Security Number (SSN) on the front side of this Card is my/the correct TIN/SSN (or that I am waiting for a number to be issued); (2) I am NOT subject to backup withholding because: (a) I am exempt, (b) I have not been notified by the IRS that I am subject to backup withholding, or (c) The IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of your failure to report all dividends and interest on your tax returns. **If you are not a U.S. person:** You must complete and provide to the Credit Union IRS Form W-8BEN, which is incorporated herein by reference. **Note: If you own the income or account jointly with one or more other persons, the income or account will be treated by the withholding agent as owned by a foreign person if Forms W-8BEN are provided by all of the owners. If the withholding agent receives a Form W-9 from any of the joint owners, the payment must be treated as made to a U.S. person.**

ACCOUNT OWNERSHIP (APPLICABLE IF "OTHER ACCOUNT OWNER" DESIGNATION ON REVERSE SIDE): The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.

CREDIT UNION NOTES:

Date Approved: _____ By: _____ (MBSHP OFFICER)

PIN Request (Check One): ATM/Debit Audio Credit Report Other - List: _____

Member/Owner/User Identification Verified via: _____

- Driver's License. Other: _____ (Such as Soc. Security Card, Military ID, Govt. Benefits Card, or Other Proper ID).
- Driver's License. Other: _____ (Such as Soc. Security Card, Military ID, Govt. Benefits Card, or Other Proper ID).
- Driver's License. Other: _____ (Such as Soc. Security Card, Military ID, Govt. Benefits Card, or Other Proper ID).
- Driver's License. Other: _____ (Such as Soc. Security Card, Military ID, Govt. Benefits Card, or Other Proper ID).

Membership Eligibility Verification: _____