

To become a member, mail this completed form, along with a minimum \$25 deposit and a copy of a state-issued photo ID, to:
 Keystone United Methodist Federal Credit Union, P.O. Box 2088, Cranberry Township, PA 16066-1088

Account Type

Terms, conditions, forms of account ownership, account selections and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

	Suffix*		Suffix*
<input type="checkbox"/> Share/Savings	_____	<input type="checkbox"/> Money Market	_____
<input type="checkbox"/> Share Draft/Checking	_____	<input type="checkbox"/> Living Trust	_____
<input type="checkbox"/> Share Certificate	_____	<input type="checkbox"/> Other	_____

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

Keystone UMFCU Member Application and Ownership Information

Member/Owner _____	Member No. _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone () _____	Date of Birth _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Employment _____
Work Phone () _____	
Email _____	

Eligibility for Membership _____

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,
- 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 c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3) I am a U.S. person (including U.S. resident alien).

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 dividend on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

TIN Certification and Backup Withholding Information

*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 Disclosure applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

Signature _____ Date _____

Account Services

Payroll Deduction/Direct Deposit _____

PC Access/Internet Banking _____

Overdraft Protection (indicate transfer priority below)

Debit/ATM Card _____

Other _____

Keystone UMFCU Account Ownership

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

Individual

Joint Account with Survivorship

Joint Account without Survivorship

Joint Owner _____

SSN/TIN _____

Street _____

Driver's Lic. No. _____

City/State/Zip _____

Date of Birth _____

Home Phone () _____

Email _____

Listed

Unlisted

Eligibility for Membership _____

Work Phone () _____

Joint Owner _____

SSN/TIN _____

Street _____

Driver's Lic. No. _____

City/State/Zip _____

Date of Birth _____

Home Phone () _____

Email _____

Listed

Unlisted

Eligibility for Membership _____

Work Phone () _____

Account Designations

Payable on Death (POD)/Trust Account

All accounts

Designate specific account(s)

Beneficiary/POD Payee _____

Beneficiary/POD Payee _____

Street _____

Street _____

City/State/Zip _____

City/State/Zip _____

Agency

Print name of agent _____

Signature _____ (date) _____

All Accounts

Designate specific account(s) _____

UTMA/UGMA (as custodian for _____ [minor] under the

Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN _____

Other _____

See Account Authorization Card

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership _____

Opened by _____

Member Verification _____

Credit Report

Credit Verity

PIN Request

Access Card

Audio Response

PC Access/Internet Banking