

Member name: _____ Account #: _____

ownership of new account

- Individual Joint with Right of Survivorship

Joint Owner Name: _____ Soc. Sec./Tax ID #: _____

Date of Birth: _____ Phone (h): _____ Phone (w): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Membership # _____ ID Type (Driver's License or other government issued ID): _____ ID# _____

Issued by: _____ Issue Date: _____ Expiration Date: _____

Joint Owner Name: _____ Soc. Sec./Tax ID #: _____

Date of Birth: _____ Phone (h): _____ Phone (w): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Membership # _____ ID Type (Driver's License or other government issued ID): _____ ID# _____

Issued by: _____ Issue Date: _____ Expiration Date: _____

accounts

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Regular Share | <input type="checkbox"/> Net Checking | <input type="checkbox"/> Student Checking | <input type="checkbox"/> Certificate Term: _____ |
| <input type="checkbox"/> Instant Access | <input type="checkbox"/> First Checking | <input type="checkbox"/> Certificate Term: _____ | <input type="checkbox"/> Certificate Term: _____ |
| <input type="checkbox"/> Second Share | <input type="checkbox"/> First Checking Plus | <input type="checkbox"/> Certificate Term: _____ | |
| <input type="checkbox"/> ATM Card | <input type="checkbox"/> Visa Check Card | <input type="checkbox"/> Certificate Term: _____ | |

tax certification

By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security number (SSN) Taxpayer Identification Number (TIN) shown is my correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.
(check if applicable)

- Certificate of Foreign Status.** I am a foreign person (not a U.S. citizen or resident). Complete form W8BEN. **Backup Withholding.** I am subject to backup withholding.

authorization

I/We agree to the terms and conditions of the Membership and Account Agreement, Rate and Fee Schedule, the Funds Availability Policy Disclosure, the Electronic Funds Transfer Disclosure and to any future amendment you make from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested. I/We authorize First Tech to obtain credit information about me/us from a credit reporting agency for the purpose of considering my/our application for any account or service provided. If requested, I/we agree to the terms and conditions of the VISA credit card agreement and any future amendment you make from time to time.
For Washington residents – I/We irrevocably waive the right to dispose by will of any of my/our accounts with the Credit Union, now and in the future.
The Internal Revenue Service does not require your consent to any provision of the Account Card other than the certifications required to avoid backup withholding or establish your status as a foreign person, and if applicable, obtain a reduced rate of withholding.

Member Signature _____ Date _____ Joint Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____ Joint Owner Signature _____ Date _____

Custodial Account:

_____, as custodian for _____ (minor) under the _____ state UTTMA.

Custodian's Signature: _____ Date: _____

For Credit Union Use Only:		Membership Officer: _____	Branch: _____
Joint:	Year of SS#: _____	State: _____	Joint: Year of SS#: _____
			State: _____
<input type="checkbox"/>	Approve _____		
<input type="checkbox"/>	Overdraft Sources _____		Rev. 06/08