



101 E. Allen Street, P.O. Box 305  
 Tombstone, AZ 85638  
 Phone: (520) 457-3551 Fax: (520) 457-3218

**ACCOUNT CARD**

<b>MEMBER APPLICATION AND OWNERSHIP INFORMATION</b>	<b>Member/Owner:</b>		<b>Account No:</b>
	Street:		SSN/TIN:
	City/State/Zip:		Driver's Lic. No:
	Home Phone: ( )	Home E-mail:	Date of Birth:
	Work Phone: ( )	Work E-mail:	Mother's Maiden Name:
	Employment:		Eligibility for Membership:

<b>ACCOUNT OWNERSHIP</b>	<b>Designate the ownership of the accounts and responsibility for the service requested.</b>		
	<input type="checkbox"/> <b>Individual</b> <input type="checkbox"/> <b>Joint Account with Survivorship</b> <input type="checkbox"/> <b>Joint Account without Survivorship</b>		
	<b>Joint Owner:</b>		SSN/TIN:
	Street:		Driver's Lic. No:
	City/State/Zip:		Date of Birth:
	Home Phone: ( )	Home E-mail:	Mother's Maiden Name:
	Work Phone: ( )	Work E-mail:	
	<b>Joint Owner:</b>		SSN/TIN:
	Street:		Driver's Lic. No:
	City/State/Zip:		Date of Birth:
	Home Phone: ( )	Home E-mail:	Mother's Maiden Name:
	Work Phone: ( )	Work E-mail:	

ACCOUNT TYPE		ACCOUNT SERVICES	
<input type="checkbox"/> Share/Savings:	<input type="checkbox"/> Trust:	<input type="checkbox"/> Payroll Deduction/Direct Deposit:	<input type="checkbox"/> Audio Response:
<input type="checkbox"/> Share Draft/Checking:	<input type="checkbox"/> Other:	<input type="checkbox"/> Overdraft Protection (Indicate transfer priority below):	
<input type="checkbox"/> Share Certificate/Certificate:	<input type="checkbox"/> Other:	<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> Money Market:	<input type="checkbox"/> Other:	<input type="checkbox"/> PC Access/Internet Banking:	<input type="checkbox"/> Other:

<b>ACCOUNT DESIGNATIONS</b>	<input type="checkbox"/> <b>Payable on Death (POD)/Trust Account</b> <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Account(s):	
	Beneficiary/POD Payee:	
	Street:	
	City/State/Zip:	
	<input type="checkbox"/> <b>UTTMA/UGMA</b> (as custodian for _____ (minor) under the Uniform Transfer/Gifts to Minors Act)                              Minor's TIN/SSN:	
	<input type="checkbox"/> <b>Agency</b> Print Name of Agent                      Signature                      (date) <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Account(s):	
	<input type="checkbox"/> <b>Other:</b> <input type="checkbox"/> <b>See Account Authorization Card</b>	

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

*By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am 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.*

I am subject to backup withholding                     
 Exempt                     
 I am not a United States citizen or resident (complete W-8 or W-8 BEN form)

**AUTHORIZATION**

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 Disclosures 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.**

<b>X</b>	<b>X</b>	<b>X</b>
Signature	Date	Signature                      Date                      Signature                      Date

<b>FOR CREDIT UNION USE ONLY</b>	<input type="checkbox"/> <b>See Account Change Card</b>	<input type="checkbox"/> <b>See Insurance Beneficiary Card</b>
Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking