

Member Services Request

NEW UPDATE DATE: _____ MEMBER NO: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 when opening a new account.

What this means for you: When you open an account, we will 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.

MEMBER/OWNER INFORMATION

Update

Member/Owner Name:	SSN/TIN:	
Mailing Address:	ID Type:	
City/State/Zip:	ID Number:	
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Home Phone:	Email:	
Cell Phone:	Work Phone:	
Employer:	Occupation/Title:	

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Relationship:		
Name #1:	SSN/TIN:	
Mailing Address:	ID Type:	
City/State/Zip:	ID Number:	
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Home Phone:	Email:	
Cell Phone:	Work Phone:	
Employer:	Occupation/Title:	

Relationship:		
Name #2:	SSN/TIN:	
Mailing Address:	ID Type:	
City/State/Zip:	ID Number:	
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Home Phone:	Email:	
Cell Phone:	Work Phone:	
Employer:	Occupation/Title:	

JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)

Relationship: _____
Name #3: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Home Phone: _____ Email: _____
Cell Phone: _____ Work Phone: _____
Employer: _____ Occupation/Title: _____

Relationship: _____
Name #4: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Home Phone: _____ Email: _____
Cell Phone: _____ Work Phone: _____
Employer: _____ Occupation/Title: _____

Relationship: _____
Name #5: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Home Phone: _____ Email: _____
Cell Phone: _____ Work Phone: _____
Employer: _____ Occupation/Title: _____

Relationship: _____
Name #6: _____ SSN/TIN: _____
Mailing Address: _____ ID Type: _____
City/State/Zip: _____ ID Number: _____
Physical Address: _____ ID Issuing State: _____ ID Issuing Date: _____
City/State/Zip: _____ ID Exp. Date: _____ Date of Birth: _____
Home Phone: _____ Email: _____
Cell Phone: _____ Work Phone: _____
Employer: _____ Occupation/Title: _____

ACCOUNT TYPES

<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove		

ACCOUNT SERVICES

Overdraft Protection Update

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Add Update Remove

Add Update Remove

Beneficiary/POD Payee: _____

Beneficiary/POD Payee: _____

SSN/TIN: _____ Date of Birth: _____

SSN/TIN: _____ Date of Birth: _____

Street: _____

Street: _____

City/State/Zip: _____

City/State/Zip: _____

Beneficiary/POD Payee: _____

Beneficiary/POD Payee: _____

SSN/TIN: _____ Date of Birth: _____

SSN/TIN: _____ Date of Birth: _____

Street: _____

Street: _____

City/State/Zip: _____

City/State/Zip: _____

Beneficiary/POD Payee: _____

Beneficiary/POD Payee: _____

SSN/TIN: _____ Date of Birth: _____

SSN/TIN: _____ Date of Birth: _____

Street: _____

Street: _____

City/State/Zip: _____

City/State/Zip: _____

UTMA/UGMA

_____ (as custodian for _____ (Minor)
under the _____ Uniform Transfers/Gifts to Minors Act.) Minor's SSN/TIN: _____

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 (or I am waiting for a number to be issued), 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 (c) the IRS has notified me 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. Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. 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.

Exempt payee code (if _____)	Exemption from FATCA reporting code (if _____)
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AUTHORIZATION

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy 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 the agreements 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 Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member/Owner	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Approved By: _____ Membership Eligibility: _____
Member Verification: _____
Verification List(s) Checked: OFAC Other: _____
List Verification Completion Date: _____ By: _____
Reports Checked: Credit Report Check Verification Report Other: _____
Overdraft Protection Opt-in Completion Date: _____

Overdraft Services Consent
ATM and One-Time Debit Card Transactions

WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. Please refer to the Membership and Account Agreement (Agreement) for a more thorough explanation of factors that determine when an overdraft occurs and when you may incur a fee for overdrawing your account. The terms of the Agreement are incorporated herein, and both this document and the Agreement are meant to be interpreted together. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to another account of yours, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Share drafts/checks, and other transactions made using your checking account
- Automatic bill payments
- ACH transactions

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- One-time debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if the Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of see fee schedule each time we pay an ATM or debit card transaction overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

What if I want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions?

If you want us to authorize and pay overdrafts on your account and one-time debit card transactions, complete the section below and present it at a branch or mail it to _____,

750 17th Street North, Birmingham, AL 35203

APCO Employees Credit Union

CREDIT UNION NAME

205-226-6800

CREDIT UNION ADDRESS

TELEPHONE NUMBER

or visit **www.apcocu.org**

WEB ADDRESS

If there are multiple owners on your account, any account owner can act on behalf of all account owners. Only one (1) account owner signature is needed to add or decline/remove the overdraft coverage.

ADD COVERAGE

- I want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions. I understand I will be charged fees as listed above.

I have the right to revoke this coverage at any time by contacting the Credit Union in writing or by phone.

DECLINE/REMOVE COVERAGE

- I do not want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions.

Member/Owner Signature	Date
X	

Printed Name: _____ Account Number: _____

CREDIT UNION CONSENT CONFIRMATION

Credit Union Employee: _____
Date: _____

Effective Date: Coverage added
 Coverage declined/removed