## **Gallatin Steam Plant Credit Union**

## MEMBERSHIP APPLICATION

	ccount selection and other information indicated on this card apply to all o
the accounts listed below unless the credit union is notified	
Suffix*	Suffix*
Share Savings	Money Market
Share Draft/Checking	Trust
☐ Share Certificate	☐ Other
	ve consists of the suffix added to the end of the Member Number listed e same type, more than one suffix will be listed for that account type.
MarsharlOurs	Member No.
Member/Owner	
Street	
City/State/Zip	
Home Phone ( )Listed Unlisted	Date of Birth
	6 .
Home E-mail	<del></del>
Work E-mail	<del></del>
Eligibility for Membership	
Eligibility for Wernbership	
notified by the Internal Revenue Service (IRS) to	e: (a) I am exempt from backup withholding, or (b) 1 have not been hat I am subject to backup withholding as a result of a failure to repo fied me that I am no longer subject to backup withholding, and en).
	ou have been notified by the IRS that you are currently subject to back and dividends on your tax return. Cross out item 3 and complete a W-8 BEN
Schedule, Funds Availability Policy Disclosure, if applicabincorporated herein. I/We acknowledge receipt of a coprequested herein. If an access card or EFT services is re	of the Membership and Account Agreement, Truth-in-Savings Rate and Fele, and to any amendment the Credit Union makes from time to time which a y of the Agreement and Disclosures applicable to the accounts and servic quested and provided, I/we agree to the terms of and acknowledge receipt Revenue Service does not require your consent to any provision of the oid backup withholding.
х	x
SIGNATURE DATE	
X	X
SIGNATURE DATE	SIGNATURE DATE
Payroll Deduction/Direct Deposit	□ ATM Cord
□ Payroll Deduction/Direct Deposit □ Overdraft Protection (indicate transfer priority below	☐ ATM Card
<ul> <li>□ Payroll Deduction/Direct Deposit</li> <li>□ Overdraft Protection (indicate transfer priority below</li> </ul>	) Debit Card

## **ACCOUNT OWNERSHIP** Designate the ownership of the accounts and responsibility for the services requested. ☐ Individual ☐ Joint with Survivorship ☐ Joint without Survivorship JOINT OWNER SSN/TIN Driver's Lic. No. \_\_\_\_\_\_ City/State/Zip Date of Birth \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_ Password \_\_\_\_\_ \_\_\_\_Listed \_\_\_\_Unlisted E-mail \_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ SSN/TIN \_\_\_\_\_ JOINT OWNER Street \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone ( \_\_\_\_\_) \_\_\_\_\_ Password \_\_\_\_\_ \_\_\_\_Listed \_\_\_\_Unlisted E-mail \_\_\_\_\_ Work Phone ( \_\_\_\_\_) \_\_\_\_ **ACCOUNT DESIGNATIONS** Payable On Death(POD) ☐ All Accounts ☐ Designate Specific Accounts **Trust Account** Beneficiary/POD Payee \_\_\_\_\_ Beneficiary/POD Payee \_\_\_\_\_ City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Print Name of Agent \_\_\_\_\_ AGENCY Signature \_\_\_\_\_ Date \_\_\_\_ ☐ All Accounts ☐ Designate Specific Account(S) \_\_\_ ☐ UTTMA/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/App'd By \_ Member Verification \_\_\_\_\_ Credit Report Check Verify **PIN Request** ☐ Access Card

Audio Response

☐ PC Access/Internet Banking