

MEMBERSHIP

5500 Britton Parkwa Hilliard, OH 43026 (614) 487-6650 FAX (614)	5			APPLICATION &	& AGREEMENT	
Account Type(s):	☐ Share Savings	☐ Second Savings	☐ Youth Savings	☐ Young Adult Savings	☐ IRA Savings	
	☐ Cash Back Reward	s Savings	☐ Money Market	Young Adult Money Market	☐ Christmas Club Savings	
	☐ Checking Plus	☐ Silver Advantage Checking	☐ Young Adult Sper	nding	☐ Checking	
			☐ Standard Term Share Certificate; (term)			
	☐ Bump Up Term Share Certificate; (term)		☐ IRA Term Share C	Certificate;(term)		
		n Term Share Certificate;	(term)			
Account Ownership:	☐ Individual	☐ Joint	□ POD			
IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT						
To help the government fight	- C	m and money laundering activitie	s, Federal law requires	all financial institutions to obtain, ver	rify, and record information that	

	☐ Checking Plus	☐ Silver Advantage Cne			ending Share Certificate; _	(term)	☐ Cneck	ing
	Bump Up Terr	m Share Certificate;(ter	$m)$ \square IR A		Certificate;			
A	_	rowth Term Share Certificate; _		D				
Account Ownership:	☐ Individual	□ Joint	□ РО					
IN	IPORTANT IN	FORMATION ABOUT	PROCED	URE[S] F	OR OPENING	G A NEW ACCO	DUNT	
Γο help the government fig dentifies each person who		rorism and money laundering ac	tivities, Feder	al law require	es all financial insti	tutions to obtain, veri	ify, and rec	cord information that
What this means for You: Valso ask to see Your driver		Account, We will ask You for You entifying documents.	our name, add	ress, date of t	pirth, and other info	ormation that will allo	ow Us to id	entify You. We may
Primary Member I	nformation	Are You a Non-Resident Alien?	□ No					
Eligibility	First Name	-	Last Name				M.I.	Suffix
Address Line 1		Address Line 2		Cit	N/	State		Zip
Address Elle 1		Address Effe 2		City	y	State		Zip
Home Phone	Cell Phone	Business Phone	F	-Mail Address		Birth D	ate	Mother's Maiden Name
Social Security Number		Driver's License Number/State/Exp. I	Date	Employer				
Joint Owner 1 Info	rmation \Box	Joint Owner						
Eligibility	First Name		Last Name				M.I.	Suffix
Address Line 1	l .	Address Line 2		Cit	y	State		Zip
Home Phone	Cell Phone	Cell Phone Business Phone E-Mail Address				Birth Date		
Social Security Number		Driver's License Number/State/Exp. I	Date	Employer		I		
Joint Owner 2 Info	rmation \Box	Joint Owner						
Eligibility	First Name		Last Name				M.I.	Suffix
Address Line 1	I	Address Line 2		Cit	y	State	l	Zip
Home Phone	Cell Phone	Business Phone	F	-Mail Address		Birth D	ate	
Social Security Number		Driver's License Number/State/Exp. I	Date	Employer		I		
Payable-On-Death	Account Benefic	ciary Designation						
In the event of Your death, You	hereby designate the follo	owing beneficiary(ies).						
Name		Address				Social Security Numb	er	%
Name Address Social Security Number					er	%		
Name		Address				Social Security Numb	er	%
Name					<u></u> %			
VISA Debit Card/P	hone Banking/I	nternet Banking		_				
You are requesting the convenie	nce of 24-hour access to	Your Credit Union Account(s) with VI of Automated Teller Machine (ATM) n						

You would like:	☐ VISA Debit Card	☐ Phone Banking	☐ Internet Banking	
Name on Card 1:			Name on Card 2:	
Name on Card 3:				

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number.

Request to Receive Electronic Documentation (Including E-Statements)

If this box is checked, You request that We provide documentation to You electronically according to the Consent to Receive Electronic Documentation Disclosure, which You acknowledge that You have read, You understand and You agree to its terms. Your consent to receive electronic documentation will not be effective unless and until You electronically affirm Your consent with the Credit Union in a manner that demonstrates Your ability to receive such documentation in electronic form.

Consent To Contact Agreement ("Agreement")					
By signing below, You agree that We may, subject to applicable law, initiate telephone calls to any residential line (wireline service), cellular telephone service, or other wireless service associated with Your Account through use of pre-recorded or artificial voice messages and/or the use of automatic telephone dialing systems, in order for Us to service Your Account, prevent fraud, collect any amounts owed to Us by You, and otherwise conduct Our business with You. If you furnish Us with one or more cellular telephone numbers in connection with Your Account, You represent You are or will be the cellular telephone subscriber with respect to each such number, and that Your consent extends to all such numbers You provide to Us. You understand that the telephone calls We may initiate may result in charges to You by any cellular telephone, internet, or other digital or electronic service to which You subscribe, and You understand and agree that You are solely responsible for the payment of any such charges.					
Signatures: By signing below, You acknowledge that You have received, read and understand this Agreement, and that You agree to its terms.					
x		<u>X</u>			
Signature	Date	Signature	Date		
<u>X</u>	D (
Signature	Date				
Signatures					
		information contained in Your application for membership a			

You hereby apply for membership with Credit Union of Ohio, Inc. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Credit Union of Ohio, Inc. in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Credit Union of Ohio, Inc. to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your	r consent to any pi	rovision of this document other than the cerunication	is required to avoi	a backup withholding.	
Applicant's (Primary Member) Signature	Date	Joint Owner #1 Signature	Date	Joint Owner #2 Signature	Date

Credit Union Use Only

Date Entered	Staff Initials	ChexSystems:	Member Number	SDC Number