

# Account Card



# MASS BAY CREDIT UNION

## Account Type (please print)

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the Credit Union is notified in writing of a change.

- Share/Savings
- Share Draft/Checking
- Share Certificate/CD
- Money Market
- Other Iron Workers Vacation Club

## Membership Application & Ownership Information

Member \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Tel. Home \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
 Tel. Work \_\_\_\_\_ Identification \_\_\_\_\_  
 Employment \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Eligibility of Membership  
 Iron Workers Union \_\_\_\_\_

MEMBER NUMBER

## TIN Certificate and Backup Withholding Information

Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number,

(2)  I Am  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. person (including a U.S. resident alien).

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

## Authorization

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings 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 a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT services is requested and provided, I/We agree to the terms 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

### Account Services

Payroll/Direct Deposit

Checks

Overdraft Protection

Debit Card

Online Banking

### Account Ownership

Designate the ownership of the accounts and responsibility for the services requested.

Individual

Joint Acct w/ Survivorship

Joint Owner \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Tel.Home \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Tel. Work \_\_\_\_\_ Date of Birth \_\_\_\_\_

Identification \_\_\_\_\_

Joint Owner \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Tel.Home \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Tel. Work \_\_\_\_\_ Date of Birth \_\_\_\_\_

Identification \_\_\_\_\_

### Account Designation

Beneficiary/POD Payee \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Beneficiary/POD Payee \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

UTMA/UGMA (as custodian for  
(minor) under the Uniform Transfers/Gifts to Minors Act)

### Credit Union Use Only

Date of Membership \_\_\_\_\_ Opened by \_\_\_\_\_

Member Verification \_\_\_\_\_