

BMI FEDERAL CREDIT UNION ACCOUNT AGREEMENT

Please print in ink

For Office Use Only

Account Number: _____

ChexSystems: _____

ID: _____

Opened: _____

Name _____

Address _____

*PO Box holders must furnish physical address as well as mailing address

City, State & Zip _____

Date of Birth _____ DL# _____ State of Issuance _____ Social Security Number _____

Home Phone _____ Work Phone _____ Email _____

Membership Qualification: Employer _____

OR

Relative _____ Relationship _____

Joint Owner Information

The BMI Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transactions of any business for this account. The joint owners of this account hereby agree with each other with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right payment to any of them or the survivor(s) shall be valid and discharge said Credit Union from any liability for such payment.

Any of all said joint owners may pledge all or any part of shares in the account as collateral security to a loan or loans.

The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transaction theretofore made.

Federal Regulation requires that the CU have on file verification of member's identification. Please attach photocopy of driver's license or other government issued photo identification for all owners.

Joint Owner _____ Social Security # _____

Address/City/State/Zip _____ Date of Birth _____

Home Phone _____ Work Phone _____ DL# and State of Issuance _____

Joint Owner _____ Social Security # _____

Address/City/State/Zip _____ Date of Birth _____

Home Phone _____ Work Phone _____ DL# and State of Issuance _____

Ownership of Account

Select one ownership type and, if applicable, include a beneficiary designation. The ownership type and beneficiary designation specified on this document will remain in the same for all accounts listed below.

- Individual
- Revocable Trust
- Irrevocable Trust

- Joint with survivorship (and not as tenants in common)
- Member as custodian for minor under UTMA

Beneficiary

- Revocable Trust
- Pay-on-death designation as defined in the account terms and conditions

Name and SSN of beneficiary: _____

(over)

Signatures

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 and to any amendment the Credit Union may make 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 and acknowledge the receipt of the Electronic Funds Transfer Agreement. I/We also authorize BMI FCU to pull a credit report in order to give a free credit report analysis or an offer of credit. **Information Verification.** Your Credit Union has adopted reasonable and practicable procedures to verify the identity information provided by each applicant for membership and/or new services as required by Section 326 of the USA PATRIOT Act. You agree that the Credit Union may make such inquiries as are necessary in its opinion to verify the information you provide and, to the extent not prohibited by applicable law, make copies for its records of any documents provided by you or others to confirm information about your identity. You also agree that the Credit Union may secure a copy of your credit report and/or contact employers or other third parties to verify information about you as part of its USA Patriot Act compliance procedures. If the Credit Union cannot verify your identity or the identity of other parties to the account(s), it may open the account and restrict the use of the account while it takes those actions it deems necessary to verify identity of any accountholder(s). If the Credit Union cannot verify your identity or the identity of other parties to the account(s), you understand and agree that the Credit Union may, in its sole discretion, close the account(s), at any time, subject to such notice as may be required by law.

Primary Member Signature _____
Date

Joint Member Signature _____
Date

Joint Member Signature _____
Date

Sworn to before me and subscribed by _____ in my presence this _____ day of _____, _____.

Notary Public

Backup Withholding Certification

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 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 from backup withholding I am a US citizen or US resident alien

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

Main Applicant Signature _____
Date

Products and Services Requested (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Savings/Share Savings (Required \$5 minimum to establish membership) | <input type="checkbox"/> Internet capabilities |
| <input type="checkbox"/> ATM Card PIN _____ | <input type="checkbox"/> Complementary Overdraft Protection from primary share account |
| <input type="checkbox"/> Checking (Savings account required to open. \$20 minimum) | <input type="checkbox"/> Plus Account (\$2,500 minimum) |
| <input type="checkbox"/> VISA Check Card PIN _____ | <input type="checkbox"/> Complementary secondary Overdraft Protection from Plus Account |
| <input type="checkbox"/> Phone Number on Checks | |