

Membership & Account Application

Primary Owner Information

Member/Owner		Member Account No.	
SSN/TIN		Driver's Lic. No.	
Current Address	City	State	Zip
Home Phone	Date of Birth	Mother's Maiden Name	
Password/Security Code		E-mail	
Employer		Work Phone	
Employer Address	City	State	Zip
If joining through family, please enter their name and relationship			

Joint Owner Information

Designate the ownership of the accounts and responsibility for the services requested. <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Survivorship			
Joint Owner/Custodian			
SSN/TIN		Driver's Lic. No.	
Street	City	State	Zip
Date of Birth	Mother's Maiden Name		
Home Phone	Work Phone		
Password/Security Code		E-mail	

TIN Certification And Backup Withholding Information

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number.
- 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
- 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 are 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 Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We have received and read 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 of 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 _____ Date _____

Signature _____ Date _____

Account Type

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.

Please check items applying for:

<input type="checkbox"/> Share Savings	Suffix*	<input type="checkbox"/> Money Market	Suffix*
<input type="checkbox"/> Share Draft/Checking		<input type="checkbox"/> IRA	
<input type="checkbox"/> Share Certificate of Deposit		<input type="checkbox"/> Name Your Own Account	

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

Account Services

Please check items of interest:

<input type="checkbox"/> Payroll Deduction/Direct Deposit \$	
<input type="checkbox"/> ATM Card No.	<input type="checkbox"/> VISA Debit Card No.
<input type="checkbox"/> PC Access/Internet Banking	<input type="checkbox"/> Smart Savers Club (for kids only)

I hereby make application for membership in the credit union named below, and agree to conform to its bylaws and amendments thereof, copies of which have been made available to me, and to subscribe for at least one (1) share.

By signing this card, you authorize the credit union to obtain credit reports in connection with this application for membership, services and/or credit, and for update, renewal or extension of the credit received, if applicable. If you request, the credit union will tell you the name and address of any bureau from which it received a credit report on you.

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

Primary Owner (Signature)

Date

Joint Owner (Signature)

Date

JOINT SHARE ACCOUNT AGREEMENT (*NOT TRANSFERABLE)

HAMILTON HORIZONS FEDERAL CREDIT UNION is hereby authorized to recognize any of the signatures subscribed in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and 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 of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time.

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

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 transactions theretofore made.

FOR INTERNAL USE ONLY

This application approved by the Membership Officer

Signed (Person representing approver of application)

Date

The Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with the 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 of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor shall be valid and discharge the Credit Union from any liability for such payment. 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 the Credit Union which shall not affect transactions theretofore made.

I/We hereby authorize the **Hamilton Horizons Federal Credit Union** (the Credit Union) to establish this Checking Account for me/us. The Credit Union is authorized to pay checks signed by me (or by any of us) and to charge all such payments against the shares in this Account. It is further agreed that:

- (a) Only share draft blanks and other methods approved by the Credit Union may be used to make withdrawals from this Account.
- (b) The Credit Union is under no obligation to pay a check that exceeds the fully paid and collected share balance in this Account. However, if any of the undersigned writes a check that would exceed such balance and result in this Account being overdrawn, the Credit Union may, nevertheless, pay such checks and transfer shares to this Account in the amount of the resulting overdraft, plus a service charge, from any other regular share account from which any of the undersigned is then eligible to withdraw shares.
- (c) The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any limitation on the time of payment) appearing on the check.
- (d) When paid, checks become the property of the Credit Union and will not be returned either with the periodic statement of this Account or otherwise.
- (e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check.
- (f) Any objection respecting any item shown on a periodic statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.
- (g) This Account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in its bylaws.
- (h) This Account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.
- (i) If this agreement is signed by more than one person, the persons signing below shall be the joint owners of the Account which, in that event, shall be subject to all terms and conditions printed on this application.