

# Member Services Request

☐ NEW ☐ UPDATE DATE: \_\_\_\_\_ MEMBER NO: \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person when opening a new account.

**What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.**

## MEMBER/OWNER INFORMATION

☐ Update

Member/Owner Name:	SSN/TIN:	
Mailing Address:	ID Type:	
City/State/Zip:	ID Number:	
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Email:
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Employer:	Occupation/Title:	

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

## ACCOUNT OWNERSHIP

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

☐ Individual ☐ Joint Account with Rights of Survivorship ☐ For married couples only: Joint Account with Rights of Survivorship (Tenancy by the Entirety)

## JOINT OWNER/AUTHORIZED SIGNER INFORMATION

☐ Joint Owner ☐ MTML ☐ Agent ☐ Other Authorized Signer (Describe): \_\_\_\_\_  
☐ Add ☐ Update ☐ Remove See Account Authorization Card

Name #1:	SSN/TIN:	
Mailing Address:	ID Type:	
City/State/Zip:	ID Number:	
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Email:
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Employer:	Occupation/Title:	

☐ Joint Owner ☐ Agent ☐ Other Authorized Signer (Describe): \_\_\_\_\_  
☐ Add ☐ Update ☐ Remove See Account Authorization Card

Name #2:	SSN/TIN:	
Mailing Address:	ID Type:	
City/State/Zip:	ID Number:	
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Email:
Secondary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Employer:	Occupation/Title:	

**JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)**

☐ Joint Owner    ☐ Agent    ☐ Other Authorized Signer (Describe): \_\_\_\_\_  
☐ Add    ☐ Update    ☐ Remove    See Account Authorization Card

Name #3: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ ☐ Listed ☐ Unlisted Email: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_ ☐ Listed ☐ Unlisted Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

**ACCOUNT TYPES**

<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Money Market: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**ACCOUNT SERVICES**

<input type="checkbox"/> ATM Card: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Update
<input type="checkbox"/> Debit Card: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	Indicate transfer priority:
<input type="checkbox"/> Audio Response: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	1. _____
<input type="checkbox"/> Internet Banking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	2. _____
<input type="checkbox"/> Mobile Banking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	3. _____
<input type="checkbox"/> Bill Payment: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	4. _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	

**ACCOUNT DESIGNATIONS**

<input type="checkbox"/> Payable on Death (POD)/Trust Account <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts: _____	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove
Beneficiary/POD Payee: _____	Beneficiary/POD Payee: _____	
SSN/TIN: _____ Date of Birth: _____	SSN/TIN: _____ Date of Birth: _____	
Street: _____	Street: _____	
City/State/Zip: _____	City/State/Zip: _____	

☐ **MTML**

\_\_\_\_\_ (as custodian for \_\_\_\_\_ (Minor)  
under the Missouri Transfers to Minors Law.)    Minor's SSN/TIN: \_\_\_\_\_

☐ **Agency**

Name of Agent: \_\_\_\_\_

Signature	Date
<b>X</b>	

☐ **Personal Custodian Account** \_\_\_\_\_ (as custodian for \_\_\_\_\_).

☐ All Accounts    ☐ Designate Specific Accounts: \_\_\_\_\_

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

*Under penalties of perjury, I certify that:*

- ☐ (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and*
- ☐ (2) *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*
- (3) *I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

**Certification Instructions.** Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

## CONSENT TO CONTACT

**BY SIGNING BELOW, YOU AUTHORIZE VOLT CREDIT UNION TO DELIVER OR CAUSE TO BE DELIVERED TO YOU AT THE TELEPHONE NUMBERS PROVIDED ABOVE, ADVERTISING AND TELEMARKETING CALLS AND TEXT MESSAGE(S) USING AN AUTOMATIC TELEPHONE DIALING SYSTEM AND/OR AN ARTIFICIAL OR PRERECORDED VOICE. YOU ARE NOT REQUIRED TO SIGN THIS AUTHORIZATION OR ENTER INTO THIS AGREEMENT AS A CONDITION OF PURCHASING ANY PROPERTY, GOODS OR SERVICES.** You may withdraw the consent provided herein at any time by any reasonable means.

Member/Owner	Date
<b>X</b>	(Seal)

Joint Owner/Authorized Signer	Date
<b>X</b>	(Seal)

Joint Owner/Authorized Signer	Date
<b>X</b>	(Seal)

Joint Owner/Authorized Signer	Date
<b>X</b>	(Seal)

By executing this Member Services Request, you agree we and/or our third-party providers, including debt collectors, may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e. cell phone numbers) which could result in charges to you, in order to service your account or collect any amounts owed to us, excluding any contacts for advertising and telemarketing purposes as prescribed by law. You further agree methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. You may withdraw the consent to be contacted on your wireless telephone number(s) at any time by any reasonable means. If you have provided a wireless telephone number(s) on or in connection with any account, you represent and agree you are the wireless subscriber or customary user with respect to the wireless telephone number(s) provided and have the authority to give this consent. Furthermore, you agree to notify us of any change to the wireless telephone number(s) which you have provided to us.

In order to help mitigate harm to you and your account, we may contact you on any telephone number associated with your account, including a wireless telephone number (i.e. cell phone number), to deliver to you any messages related to suspected or actual fraudulent activity on your account, data security breaches or identity theft following a data breach, money transfers or any other exigent messages permitted by applicable law. These contacts will not contain any telemarketing, cross-marketing, solicitation, advertising, or debt collection message of any kind. The contacts will be concise and limited in frequency as required by law. You will have an opportunity to opt-out of such communications at the time of delivery.

## AUTHORIZATION

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy 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 the agreements 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 Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

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

Member/Owner	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

<b>FOR CREDIT UNION USE ONLY</b>	
Date of Membership: _____ Opened/Approved By: _____ Membership Eligibility: _____	
Member Verification: _____	
Verification List(s) Checked: <input type="checkbox"/> OFAC <input type="checkbox"/> Other: _____	
List Verification Completion Date: _____ By: _____	
Reports Checked: <input type="checkbox"/> Credit Report <input type="checkbox"/> Check Verification Report <input type="checkbox"/> Other: _____	
Overdraft Protection Opt-in Completion Date: _____	