



EASTERN UTAH COMMUNITY
CREDIT UNION

Membership Application

ACCOUNT TYPE

<input type="checkbox"/> Share Savings	_____	Suffix*	<input type="checkbox"/> Share Certificate	_____	Suffix*	<input type="checkbox"/> Living Trust	_____	Suffix*
<input type="checkbox"/> Share Draft/Checking	_____		<input type="checkbox"/> Money Market	_____		<input type="checkbox"/> N.O.W.	_____	

*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.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____	Account No. <input style="width: 150px; height: 20px;" type="text"/>
Street _____	
City/State/Zip _____	SSN/TIN _____
Home Phone () _____	Work Phone () _____
Date of Birth _____	
Account Notes _____	Password _____
	Email _____

ACCOUNT OWNERSHIP

Individual Joint Account with Survivorship Joint Account without Survivorship

1. Joint Owner _____ SSN/TIN _____

Street _____ Date of Birth _____

City/State/Zip _____ Password _____

Home Phone () _____ Work Phone () _____ Email _____

2. Joint Owner _____ SSN/TIN _____

Street _____ Date of Birth _____

City/State/Zip _____ Password _____

Home Phone () _____ Work Phone () _____ Email _____

ACCOUNT DESIGNATIONS

<input type="checkbox"/> Payable on Death (POD)/Trust Account	<input type="checkbox"/> All accounts	<input type="checkbox"/> Designate specific account(s) _____
Beneficiary/POD Payee _____		Relationship to Account Holder _____
<input type="checkbox"/> Payable on Death (POD)/Trust Account	<input type="checkbox"/> All accounts	<input type="checkbox"/> Designate specific account(s) _____
Beneficiary/POD Payee _____		Relationship to Account Holder _____
<input type="checkbox"/> Payable on Death (POD)/Trust Account	<input type="checkbox"/> All accounts	<input type="checkbox"/> Designate specific account(s) _____
Beneficiary/POD Payee _____		Relationship to Account Holder _____
<input type="checkbox"/> Payable on Death (POD)/Trust Account	<input type="checkbox"/> All accounts	<input type="checkbox"/> Designate specific account(s) _____
Beneficiary/POD Payee _____		Relationship to Account Holder _____

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,

(2) I am not subject to the 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, and

(3) I am a U.S. person (including a U.S. resident alien).

Check any that apply: I am subject to backup withholding I am not a U.S. person (complete form W-8BEN)

AUTHORIZATION

X _____	X _____
Signature	Signature
_____	_____
Date	Date
X _____	X _____
Signature	Signature
_____	_____
Date	Date