

Member Services Request

New Update Date: _____

Important Information About Opening a New Account. To help our 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 does this mean for you? When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.

SUBSEQUENT ACTIONS

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

TYPE OF CHANGE (Please indicate the type of change and complete only the information that affects the change.)

Member/Owner Information	<input type="checkbox"/> CHANGE	Joint Owner(s) Information	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
Agent	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE	POD/Trust Beneficiary	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
Other: _____	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE	Account Type/Services	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE

MEMBER/OWNER INFORMATION

Member/Owner Name:	Member No.
Street:	SSN/TIN:
City/State/Zip:	ID Type (Driver's Lic.):
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	ID Number (License No.):
Work Phone:	ID Issuing State: ID Issuing Date:
Cell Phone:	ID Exp. Date: Date of Birth:
E-Mail:	Password:
Employer:	Membership Eligibility:

ELECTION OF SHARE OR DEPOSIT ACCOUNT TYPES AND SERVICES

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.

Account Type/Suffix	Account Services
<input type="checkbox"/> Share/Savings: # _____	<input type="checkbox"/> Payroll Deduction/Direct Deposit <input type="checkbox"/> Overdraft Privilege (Indicate transfer priority.): _____
<input type="checkbox"/> Share Draft/Checking: # _____	<input type="checkbox"/> Audio Response _____
<input type="checkbox"/> Share Certificate/Certificate: # _____	<input type="checkbox"/> E-Statement <input type="checkbox"/> Other: _____
<input type="checkbox"/> Money Market: # _____	<input type="checkbox"/> PC Access/Internet Banking <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: # _____	<input type="checkbox"/> Debit Card <input type="checkbox"/> Other: _____

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

ACCOUNT OWNERSHIP - Please complete this section if you desire joint owners on your share or deposit accounts.

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

Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

Joint Owner:	SSN/TIN:
Street:	ID Type (Driver's Lic.):
City/State/Zip:	ID Number (License No.):
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	ID Issuing State: ID Issuing Date:
Work Phone: Cell Phone:	ID Exp. Date: Date of Birth:
E-mail:	Password:
Joint Owner:	SSN/TIN:
Street:	ID Type (Driver's Lic.):
City/State/Zip:	ID Number (License No.):
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	ID Issuing State: ID Issuing Date:
Work Phone: Cell Phone:	ID Exp. Date: Date of Birth:
E-mail:	Password:
Joint Owner:	SSN/TIN:
Street:	ID Type (Driver's Lic.):
City/State/Zip:	ID Number (License No.):
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	ID Issuing State: ID Issuing Date:
Work Phone: Cell Phone:	ID Exp. Date: Date of Birth:
E-mail:	Password:

ACCOUNT DESIGNATIONS - Please complete this section if you desire any beneficiary or custodian on your share or deposit accounts.

UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: _____
Agency Name of Agent: _____ Signature: _____ Date: _____
Other: [] All Accounts [] Designate Specific Accounts: _____ [] See Account Authorization Card

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) _____

ACKNOWLEDGMENTS

Credit Report Authorization: By signing below you authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension or collection of credit you receive.

Overdraft Privilege Consent: You authorize MCFCU to pay the amount and treat the transaction as a request to transfer funds from other deposit accounts, approved overdraft protection accounts, or loan accounts that you have established with the Credit Union.

E-Statement Authorization: By electing the E-Statement service and signing this form, I authorize MCFCU to discontinue sending me statements via postal mail service, and begin sending my statement information via email.

For Account and/or Account Service Requests: By signing below you acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice, and to any amendments to these documents that the Credit Union may make from time to time.

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

[X] SIGNATURE DATE

[X] SIGNATURE DATE

[X] SIGNATURE DATE

[X] SIGNATURE DATE

FOR CREDIT UNION USE ONLY [] See Account Change Card [] See Insurance Beneficiary Card
Date of Membership: _____ Opened/Approved By: _____ Member Verification: _____
Verification Completion Date: _____ By: _____
Government List(s) Checked: [] Treasury CIP List [] OFAC [] Other: _____
List Verification Completion Date: _____ By: _____
[] Credit Report [] Check Verify [] PIN Request
[] Access Card [] Audio Response [] PC Access/Internet Banking

OVERDRAFT SERVICES CONSENT
ATM and One-Time Debit Card Transactions

WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a share/savings account or overdraft line-of-credit, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Share drafts/checks, and other transactions made using your checking account
- Automatic bill payments
- ACH transactions

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- One-time debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if the Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of \$_____ each time we pay an ATM or debit card transaction overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

What if I want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions?

If you want us to authorize and pay overdrafts on ATM and one-time debit card transactions, complete the section below and mail it to: Manatee Community Federal Credit Union

604 13th Ave East Bradenton, Florida 34208 or call 941-748-7704
CREDIT UNION ADDRESS CREDIT UNION NAME TELEPHONE NUMBER

If there are multiple owners on the ATM and/or debit card account, either account owner can act on behalf of all owners on this account. Only one (1) account owner signature is needed to add or remove the overdraft coverage.

ADD COVERAGE

- I want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions. I understand I will be charged fees as listed above.

I have the right to revoke this coverage at any time by contacting the Credit Union in writing or by phone.

REMOVE COVERAGE

- I do not want the Credit Union to authorize and pay overdrafts on my ATM and one-time debit card transactions.

MEMBER/OWNER SIGNATURE

DATE

Printed Name: _____ Account Number: _____

CREDIT UNION CONSENT CONFIRMATION		
Signature of Credit Union Employee: X	Effective Date:	<input type="checkbox"/> Coverage added <input type="checkbox"/> Coverage removed



BENEFICIARIES:

Name: _____

Name: _____

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

Social Security Number: _____

Social Security Number: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

Social Security Number: _____

Social Security Number: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

Social Security Number: _____

Social Security Number: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

Social Security Number: _____

Social Security Number: _____