



MEMBERSHIP APPLICATION & ACCOUNT AGREEMENT

Account No. _____ Member Name _____ Date _____

<input type="checkbox"/> New Member		<input type="checkbox"/> _____ (Account Type)	<input type="checkbox"/> _____ (Date Opened)
<input type="checkbox"/> Individual Account	<input type="checkbox"/> Joint Account	<input type="checkbox"/> _____ (Account Type)	<input type="checkbox"/> _____ (Date Opened)
<input type="checkbox"/> Share Account _____ (Date Opened)	<input type="checkbox"/> Share Draft _____ (Date Opened)	<input type="checkbox"/> _____ (Account Type)	<input type="checkbox"/> _____ (Date Opened)

Answering these questions will help us to best protect your account and offer appropriate solutions.

- Approximately how much will you be depositing on a monthly basis to your account? _____
- What types of transactions do you expect to utilize on a monthly basis?
 - ACH or Direct Deposit Yes No How many? _____
 - Wire transfers Yes No How many? _____
 - Domestic Yes No How many? _____
 - Foreign Yes No How many? _____
 - Cash and Checks Yes No How many? _____
 - Debit or Credit Cards Yes No How many? _____
 - Other: _____ Yes No How many? _____
- Are any of your funds from or for online gambling? Yes No
- Are any of your funds from or for your business? Yes No
- Are you the beneficial owner of a business? Yes No

This card may be used for multiple accounts only if: 1) all accounts listed above are individual accounts of the member; or 2) all accounts listed above are owned by all joint owners shown below. Any changes and/or the addition of a new account(s) requires the consent and signature of all joint owners. For additional accounts of the member with ownership other than that shown below, a separate signature card must be used.

I/WE HEREBY MAKE APPLICATION FOR MEMBERSHIP IN AND AGREE TO CONFORM TO THE BY-LAWS (AS AMENDED) OF THE DOW GREAT WESTERN CREDIT UNION.

ACKNOWLEDGEMENT OF RECEIPT AND ACCEPTANCE OF TRUTH-IN-SAVINGS DISCLOSURE

By signing below, I acknowledge and agree as follows: (1) I hereby apply for membership in, and agree to conform to the bylaws (as amended) of, the Credit Union ("you") (2) I have received a copy of the Credit Union's Truth-in-Savings Disclosure ("Disclosure") and a copy of the current Rate and Fee Schedule. (3) All terms, conditions and information contained in the Disclosure, and any amendments thereto, are by this reference incorporated in their entirety into this Membership Application and Account Agreement. ("Agreement"), and I agree to be bound by the terms and conditions of the Disclosure and Agreement. (4) I authorize you to obtain credit reports in connection with this account and any future services provided by you, as permitted by law. (5) I agree to pay you all of your costs and reasonable attorneys' fees, including all collection costs, litigation costs, skip-tracking fees, and outside services fees incurred while enforcing your rights under this agreement. (6) **Express Consent (Non-Telemarketing Only):** I hereby give my express consent for you and others acting on your behalf to contact me at any telephone number I give you or from any other source (including any wireless phone or VoIP number), using any calling or texting technology (including any automatic telephone dialing system, artificial voice or prerecorded voice), regarding this account or any other relationship I now or later have with you. I have not provided, and will not provide to you, any telephone number unless I am the subscriber to the service or the customary user of the telephone to which that number relates unless I tell you in Writing. If I revoke this authorization I will do so in a way that is likely to provide you with notice in time to process that revocation before you make any further calls or send any further texts, such as by using one of the methods designed by the Credit Union. (7) **I certify that all information given in connection with this Agreement is accurate. I UNDERSTAND THAT YOU MAY VERIFY ALL INFORMATION I HAVE GIVEN.**

Member Signature _____ Date _____

Joint Owner Signature _____ Date _____

M	J
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MEMBER INFORMATION

Member Name *(Please Print)* _____ SSN _____
Address _____ City _____ State _____ ZIP _____
Home Phone _____ Cell Phone _____ Business Phone _____ Email _____
Type of Identification *(Exp. Date)* _____ Date of Birth _____
Employer _____ Occupation _____
Mother's Maiden Name _____ Basis of Membership Eligibility _____

JOINT OWNER INFORMATION

Member Name *(Please Print)* _____ SSN _____
Address _____ City _____ State _____ ZIP _____
Home Phone _____ Cell Phone _____ Business Phone _____ Email _____
Type of Identification *(Exp. Date)* _____ Employer _____
Date of Birth _____ Mother's Maiden Name _____ Occupation _____

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 who opens an account. What does this mean 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.

DESIGNATION OF BENEFICIARY (PAY-ON-DEATH PAYEE)

SHARES BENEFICIARY *(Member)*

In the event of my death and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appears below as my beneficiary to receive any and all amounts in this account(s).

Name of Beneficiary _____ Address _____ Phone _____
Name of Beneficiary _____ Address _____ Phone _____
Member Signature _____

SHARES BENEFICIARY *(Joint Owner)*

In the event of my death and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appears below as my beneficiary to receive any and all amounts in this account(s).

Name of Beneficiary _____ Address _____ Phone _____
Name of Beneficiary _____ Address _____ Phone _____
Member Signature _____



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OVERDRAFT PROTECTION

Yes No Share Draft Account overdrafts will be covered by a transfer from:

Share Account # _____ Share Account # _____ Loan # _____

PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NO.:

Name _____

Part I. Taxpayer Identification Number (TIN). Enter your TIN in the box below. For individuals, this is your Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refer to the W-9 Form, Specific Instructions, Part I. For other entities, it is your Employer Identification Number (EIN). If you do not have this number, see Instructions How to get a TIN in the W-9 Form, Specific Instructions.

NOTE: If the account is in more than one name, see the chart on the W-9 Form, Specific Instructions.

Social Security No. or Employer ID Number _____

Part II. Certification. 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 to me),
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,
3. I am a U.S. citizen or other U.S. person (defined in the W-9 Form, General Instructions), and
4. The FATCA code(s) entered on the separate instruction sheet (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See Certification Instructions in the W-9 Form).

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

Signature _____ Date _____

— FOR CREDIT UNION USE ONLY —

System _____ Date _____

Member Joint Owner

Signature _____ Date _____



DEBIT CARD APPLICATION

DOW CU DEBIT CARD

**LOOKS LIKE A CREDIT CARD,
WORKS LIKE A CHECK**

Your Credit Union is pleased to present an outstanding new Debit Card Program! With the debit card you can:

- Access your Credit Union Checking Account worldwide!
- Get cash up to your available balance at any ATM displaying the Visa® and/or PLUS logo.
- Use your debit card to purchase goods and services. Instead of borrowing for a fee.

To apply for your debit card, please fill out and return the application. If you have any questions, please call us at 925.331.1010.

To gain the convenience of worldwide account access and purchase power available with your debit card, simply complete this application, then mail or bring it to your nearest Credit Union office.

By using my Credit Union Visa® debit card, I agree to be bound by the applicable terms and conditions contained in Agreements governing my Savings Account, Checking Account and any overdraft-protection agreement that I have with the Credit Union, including any overdraft protection arrangements that access a line of credit. I understand that I will be provided with a copy of the Visa® debit card Disclosure and Agreement which applies to this Visa® debit card. I authorize the Credit Union to obtain consumer credit

YES, I am requesting that a Visa® debit card be issued to me. Please enroll me right away!

Name *(Please Print)* _____

Account Number(s) _____ SSN _____

Address _____

City / State / ZIP _____ Phone _____

Member Signature _____ Date _____

Joint Owner's Name *(Please Print)* _____

Joint Owner's Signature _____ Date _____