

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner:		Member No:
Street:	SSN/TIN:	
City/State/Zip:	Driver's Lic. No:	
Home Phone:	Date of Birth:	
Work Phone:	Membership Password:	
E-mail:	Membership Eligibility:	
Employer:	Title/Position:	
Do you have an immediate family or household member that is currently employed by Piedmont Advantage Credit Union? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employee Name: _____		

ACCOUNT OWNERSHIP

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

Individual Joint (G.S. 54-109.58): We do elect to create the right of survivorship in this account.

We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: (1) the Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have directed that withdrawals require more than one signature; and (2) that upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone:	Membership Eligibility:
Work Phone:	E-mail:
Employer:	Title/Position:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone:	Membership Eligibility:
Work Phone:	E-mail:
Employer:	Title/Position:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone:	Membership Eligibility:
Work Phone:	E-mail:
Employer:	Title/Position:
Other:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone:	Membership Eligibility:
Work Phone:	E-mail:
Employer:	Title/Position:

See Account Authorization Card

ACCOUNT DESIGNATIONS

Payable on Death (POD) Account. I/We understand that by establishing a POD account under the provisions of North Carolina General Statute 54-109.57 that: (1) during my/our lifetime, I/we may withdraw the money in the account; and (2) by written direction to the Credit Union, I/we individually or jointly, may change the beneficiary or beneficiaries; and (3) upon my/our death, the money remaining in the account will belong to the beneficiary or beneficiaries and the money will not be inherited by my/our heirs or be controlled by will.

All Accounts Designate Specific Accounts _____

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
Beneficiary/POD Payee:	
Street:	
City/State/Zip:	

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 unless the Credit Union is notified in writing of a change.

Form with checkboxes for account types: Share/Savings, Share Draft/Checking, Share Certificate/Certificate, Money Market, and Other. Includes suffix lines.

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. 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

Form with checkboxes for account services: Direct Deposit, PACUTEL, Overdraft Protection, Debit Card, Overdraft OPT IN, Online Banking, Online Bill Pay, Mobile Banking, and Other.

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 backup withholding because...
(3) I am a U.S. citizen or other U.S. person...
(4) The FATCA code(s) entered on this form...
Certification Instructions. Cross out item 2 above if you have been notified by the IRS...

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.

Signature and Date lines for two individuals, each with an 'X' mark.

FOR CREDIT UNION USE ONLY

Form for credit union use only with fields for Date of Membership, Membership Opened, Verified ID, Comments, etc.