EDUCATION FIRST
CREDIT UNION

******ATTENTION******

IMPORTANT INFORMATION NEEDED TO PROCESS THE NEW ACCOUNT APPLICATION.

1. PLEASE INCLUDE A **COPY** OF YOUR **DRIVERS LICENSE AND SOCIAL SECURITY CARD** WITH THE NEW ACCOUNT APPLICATION.
2. PLEASE **SIGN** AND DATE AT THE BOTTOM OF THE NEW ACCOUNT APPLICATION.
3. MAIL, FAX OR EMAIL THE COMPLETED APPLICATION TO:

MAIL: 1250 COUNTRY HILLS DRIVE, OGDEN UTAH 84403
FAX: 801-392-4879, ATTN: LOAN DEPARTMENT
EMAIL: MALLORY@E1CU.ORG OR DELSA@E1CU.ORG

WE APPRECIATE YOUR BUSINESS AND LOOK FORWARD TO WORKING WITH YOU!

QUESTIONS?

801-392-4877

EDUCATION FIRST CREDIT UNION

ACCOUNT CARD

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.

	Suffix		Suffix
☐ Share/Savings:		☐ Money Market:	
☐ Share Draft/Checking:		☐ HSA:	
☐ Share Certificate/Certificate:		☐ Other:	

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.

Primary Owner Information

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No:

Member/Owner:

Street: SSN/TIN:

City/State/Zip: Driver's Lic. No:

Home Phone: Date of Birth:

☐ Listed ☐ Unlisted Password:

Work Phone: Employer:

Membership Eligibility: E-mail:

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).

Certification Instructions. 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. Cross out item **3** and complete a W-8 BEN if you are not a U.S. person.

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. I/We acknowledge receipt of a copy 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. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

Sign and Date Here

X _____ Signature _____ Date X _____ Signature _____ Date

X _____ Signature _____ Date X _____ Signature _____ Date

LOANLINER.

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REMEMBER TO INCLUDE A COPY OF YOUR DRIVERS LICENSE AND SOCIAL SECURITY CARD.

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ACCOUNT SERVICES

☐ Payroll Deduction/Direct Deposit: _____ ☐ ATM Card: _____

☐ Overdraft Protection (Indicate transfer priority.): ☐ Debit Card: _____

_____ ☐ Audio Response: _____

☐ PC Access/Internet Banking: _____ ☐ Other: _____

ACCOUNT OWNERSHIP

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 Information

Joint Owner:

Street: SSN/TIN:

City/State/Zip: Driver's Lic. No:

Home Phone: Date of Birth:

☐ Listed ☐ Unlisted Password:

Work Phone: E-mail:

Joint Owner:

Street: SSN/TIN:

City/State/Zip: Driver's Lic. No:

Home Phone: Date of Birth:

☐ Listed ☐ Unlisted Password:

Work Phone: E-mail:

ACCOUNT DESIGNATIONS

Beneficiary Information

☐ **Payable on Death (POD)/Trust Account**

☐ All Accounts ☐ Designate Specific Accounts: _____

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____

Street: _____ Street: _____

City/State/Zip: _____ City/State/Zip: _____

☐ **UTMA/UGMA** (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: _____

☐ **Agency** Print Name of Agent: _____

Signature: _____ Date: _____

☐ All Accounts ☐ Designate Specific Accounts: _____

☐ **Other:** _____ ☐ See Account Authorization Card

FOR CREDIT UNION USE ONLY ☐ **See Account Change Card** ☐ **See Insurance Beneficiary Card**

Date of Membership: _____ Opened /App'd by: _____ Member Verification: _____

☐ Credit Report ☐ Check Verify ☐ PIN Request

☐ Access Card ☐ Audio Response ☐ PC Access/Internet Banking