

GATEWAY CREDIT UNION - MEMBERSHIP APPLICATION

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 below unless the credit union is notified in writing of a change.

Suffix*	Suffix*
<input type="checkbox"/> Share Savings _____	<input type="checkbox"/> Money Market _____
<input type="checkbox"/> Share Draft/Checking _____	<input type="checkbox"/> Trust _____
<input type="checkbox"/> Share Certificate _____	<input type="checkbox"/> Other _____

*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 _____	Member No. _____
Street _____	
City/State/Zip _____	SSN/TIN _____
Home Phone (_____) _____	Driver's Lic. No. _____
Home E-mail _____	Date of Birth _____
Work Phone (_____) _____	Password _____
Work E-mail _____	Employment _____
Eligibility for Membership _____	

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: (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. person (including a U.S. resident alien).*

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 Rate and Fee Schedule, 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 Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT services is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **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 _____	X _____
SIGNATURE	SIGNATURE
DATE	DATE
X _____	X _____
SIGNATURE	SIGNATURE
DATE	DATE

ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit	<input type="checkbox"/> ATM Card _____
<input type="checkbox"/> Overdraft Protection (indicate transfer priority below)	<input type="checkbox"/> Debit Card _____
_____	<input type="checkbox"/> Audio Response _____
<input type="checkbox"/> PC Access/Internet Banking _____	<input type="checkbox"/> Other _____

ACCOUNT OWNERSHIP

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

- Individual Joint with Survivorship Joint without Survivorship

JOINT OWNER _____
Street _____
City/State/Zip _____
Home Phone (_____) _____
 _____ Listed _____ Unlisted
Work Phone (_____) _____

SSN/TIN _____
Driver's Lic. No. _____
Date of Birth _____
Password _____
E-mail _____

JOINT OWNER _____
Street _____
City/State/Zip _____
Home Phone (_____) _____
 _____ Listed _____ Unlisted
Work Phone (_____) _____

SSN/TIN _____
Driver's Lic. No. _____
Date of Birth _____
Password _____
E-mail _____

ACCOUNT DESIGNATIONS

- Payable On Death(POD) Trust Account All Accounts Designate Specific Accounts

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

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

- AGENCY** Print Name of Agent _____
 Signature _____ Date _____

- ALL ACCOUNTS
 DESIGNATE SPECIFIC ACCOUNT(S) _____

- UTTMA/UGMA** AS CUSTODIAN FOR _____
(Minor) under the Uniform Transfers/Gifts to Minors Act)
Minor's TIN/SSN _____

- OTHER** _____
 SEE ACCOUNT AUTHORIZATION CARD

FOR CREDIT UNION USE ONLY

Date of Membership _____

- See Account Change Card**
Opened/App'd By _____

- See Insurance Beneficiary Card**
Member Verification _____

- Credit Report
 Access Card

- Check Verify
 Audio Response

- PIN Request
 PC Access/Internet Banking