



ALL SHADED AREAS ARE REQUIRED.
Please complete, print both pages, sign and mail.

MEMBER SERVICE 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*

Share/Savings _____ Share Draft/Checking _____ Share Certificate _____	Money Market _____ Living Trust _____ Other _____
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*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. 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

Payroll Deduction/Direct Deposit:	Loan Account Request: Individual Joint
Audio Response:	Loan Account Credit Insurance Statement of Intent
Overdraft Protection (Indicates transfer priority):	Credit Card Single Credit Disability
ATM Card: Debit Card:	Line of Credit Single Credit Life
PC Access/Internet Banking:	Overdraft Protection Joint Credit Life
Other:	(For insurance coverage you must sign a separate cost disclosure and election for this voluntary insurance.)

MEMBER APPLICATION AND INFORMATION

Member/Owner:	Member No:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: Listed Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Eligibility for Membership:
Employment:	
Position/Title: Years: Full Time Part Time Hrs.	
Income: Gross Monthly Income \$ (or) Net Monthly Income: \$	
Home: Own Rent How long? Years Monthly Payment: \$	

ACCOUNT OWNERSHIP (Choose only one)

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

Individual	Joint Account with Survivorship	Joint Account without Survivorship
Joint Owner:	SSN/TIN:	
Street:	Driver's Lic. No:	
City/State/Zip:	Date of Birth:	
Home Phone: Listed Unlisted	Password:	
Work Phone:	E-mail:	
Employment:		
Joint Owner:	SSN/TIN:	
Street:	Driver's Lic. No:	
City/State/Zip:	Date of Birth:	
Home Phone: Listed Unlisted	Password:	
Work Phone:	E-mail:	
Employment:		

ACCOUNT DESIGNATIONS (For individual account only)

Payable on Death (POD)/Trust Account	All accounts	Designate specific account(s):
Beneficiary/POD Payee:		Beneficiary/POD Payee:
Street:		Street:
City/State/Zip:		City/State/Zip:
UTTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/ Gifts to Minors Act). Minor's SSN/TTN: _____		
Agency	Name of Agent: _____	(please print)
	Signature: _____	date
	All Accounts	Designate specific account(s):
Other:		

See Account Authorization Card

CO-APPLICANT LOAN INFORMATION (Required if requesting a joint account)

(Complete "Co-Applicant" section: (1) with Co-Applicant information for joint credit, or (2) with spousal information if: your spouse will use or be liable for the account; you will rely on your spouse's income to pay the debt; or if Member resides in a community property state. AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI).

Member/Owner:		Member No:	
Street:		SSN/TIN:	
City/State/Zip:		Driver's Lic. No:	
Home Phone:	Listed Unlisted	Date of Birth:	
Work Phone:	Password:		
E-mail:	Eligibility for Membership:		
Employment:			
Position/Title:	Years:	Full Time	Part Time Hrs.
Income:	Gross Monthly Income \$	(or)	Net Monthly Income: \$
Home:	Own Rent	How long? Years	Monthly Payment: \$

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.

SIGNATURES

By signing below, you certify that the information on this Member Service Card is complete, true, and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Member Service Card for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the credit union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to the terms of the following Agreements applicable to the Accounts and Services requested.

- **Membership and Account Agreement.** You acknowledge receipt of and 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.
- **Overdraft Loan Agreement.** If an Overdraft Loan Account is requested and provided, you acknowledge receipt of and agree to the terms of the Overdraft Loan Agreement and Truth in Lending Disclosure.
- **Credit Card Agreement.** If a Credit Card Account is requested and provided to you, you acknowledge receipt of and agree to the terms of the Credit Card Agreement which governs your Credit Card account. **You grant us a security interest in all of your Credit Union Shares in Acct. No. _____ to secure your Card obligation.**
- **Electronic Funds Transfer Agreement.** If an access card or Electronic Funds Transfer (EFT) Service is requested and provided, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

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

X		X	
Signature	Date	Signature	Date
X		X	
Signature	Date	Signature	Date

FOR CREDIT UNION USE ONLY	See Account Change Card	See Insurance Beneficiary Card
Loan App'd By:	\$ Amount App'd:	
Date of Membership:	Opening App'd by:	Membership Verification:
Credit Report	Check Verify	PIN Request
Access Report	Audio Response	Access Card

Mail to: Universal 1 Credit Union, Inc., Attn: Account Services, P.O. Box 467, Dayton, Ohio 45409-0467. Enclose copies of valid photo ID, proof of social security number and merchant card or statement with first and last name of each applicant. If address on ID is different than listed on this form, submit a bill that reflects the current address. A minimum \$5 deposit must accompany this form.