



Bashas' Associates Federal Credit Union

Once A Member, Always A Member

ACCOUNT CARD

735 E. Guadalupe Road Tempe, AZ 85283

ACCOUNT TYPE

<input type="checkbox"/> Share Savings _____	<input type="checkbox"/> Money Market _____
<input type="checkbox"/> Share Draft/Checking _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Time Account/Share CD _____	<input type="checkbox"/> Other _____

TIN CERTIFICATE 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.

MEMBER APPLICATION AND INFORMATION

Member _____	Account No. _____
Address _____	SSN/TIN _____
Phone Home () _____	Driver's Lic. No _____
Phone Work () _____	Date of Birth _____
E-mail Address _____	Mother's Maiden Name _____
Employment _____	Eligibility for Membership _____

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 Available Policy Disclosure, it 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 service 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 _____ Signature Date	X _____ Signature Date
X _____ Signature Date	X _____ Signature Date

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit _____

ATM Card _____

Overdraft Protection (indicate transfer priority below) _____

Debit Card _____

Other EFT Service _____

Auto Response _____

Other _____

ACCOUNT OWNERSHIP

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

Individual Account Joint Account without Survivorship Joint Account with Survivorship

Joint Owner _____ SSN/TIN _____

Address _____ Driver's Lic. No. _____

_____ Date of Birth _____

Phone Home () _____ Work () _____

Email _____ Mother's Maiden Name _____

Joint Owner _____ SSN/TIN _____

Address _____ Driver's Lic. No. _____

_____ Date of Birth _____

Phone Home () _____ Work () _____

Email _____ Mother's Maiden Name _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All accounts Designate specific accounts

Beneficiary/POD Payee _____ Beneficiary/POD Payee _____

Address _____ Address _____

UTTMA/UGMA (as custodian for _____ (minor) under the
Uniform Transfer/Gifts to Minors Act) Minor's TIN/SSN _____

Print Name of Agency _____

Signature _____ Date _____

All Accounts Specific _____

FOR CREDIT UNION USE ONLY

See Account Change Card

Date of Membership _____ Opened/App by _____ Member Verification _____

PIN Request _____ Credit Report _____ Check Verity _____ Access Card _____