



York Educational Federal Credit Union

FOR CREDIT UNION USE ONLY

Member Number: _____

Membership Account Card

Account Type

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Account Card apply to all of the accounts listed unless York Educational Federal Credit Union is notified in writing of a change.

- Share Savings: _____
- Certificate: _____
- Vacation Savings: _____
- Checking: _____
- Club Savings: _____
- Christmas Savings: _____

Your member number will be assigned upon application approval. The account number for each sub-account requested above will consist of the member number plus a suffix for each account.

Member Application and Ownership Information

Member/Owner: _____ SSN/TIN: _____

Street: _____ Cell Phone: _____

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

E-mail: _____ Date of Birth: _____

Employer: _____ Home Phone: _____

Membership Eligibility: _____ Work Phone: _____

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).
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

| | |
|----------------------------------|--|
| 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 York Educational Federal 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.**

| | |
|-----------|-----------|
| X | X |
| Signature | Signature |
| Date | Date |
| X | |
| Signature | Date |

Please bring this completed Account Card and a photo ID to one of our branch locations.

Questions? Contact us at 717-843-1153 or yefcu.org

Account Services

Overdraft Protection (Indicate Source): _____ Online Banking: _____
 Debit Card: _____ Courtesy Pay: _____

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: _____ SSN/TIN: _____
Street: _____ Cell Phone: _____
City/State/Zip: _____ Date of Birth: _____
Driver's Lic. No.: _____ Employer: _____
E-mail: _____ Work Phone: _____

Joint Owner: _____ SSN/TIN: _____
Street: _____ Cell Phone: _____
City/State/Zip: _____ Date of Birth: _____
Driver's Lic. No.: _____ Employer: _____
E-mail: _____ Work Phone: _____

Account Designations

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

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Date of Membership: _____ See Account Change Card See Insurance Beneficiary Card
Opened/App'd by: _____ Member Verification: _____
 Credit Report Check Verify PIN Request
 Access Card Online Banking

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