

C.A.P.E. CREDIT UNION
 200 Cava Drive, Room 126
 Clarksburg, WV 26301-5506
 (304) 623-4794



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"/> Other |
| <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 _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone () _____	Date of Birth _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password _____
Work Phone () _____	Employment _____
E-mail _____	
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 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 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.**

Signature _____	Date _____	X	Signature _____	Date _____
Signature _____	Date _____	X	Signature _____	Date _____

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit
- Overdraft Protection (Indicate transfer priority below)
- PC Access/Internet Banking
- ATM Card
- Debit Card
- Audio Response
- Other

ACCOUNT OWNERSHIP

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

- Individual
- Joint Account with Survivorship
- Joint Account without Survivorship

Joint Owner _____
 Street _____
 City/State/Zip _____
 Home Phone () _____
 Listed Unlisted

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

Work Phone _____

Joint Owner _____
 Street _____
 City/State/Zip _____
 Home Phone () _____
 Listed Unlisted

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

Work Phone _____

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account
 - Agency
 - UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act)
 - Other
- Beneficiary/POD Payee _____
 Street _____
 City/State/Zip _____
- Beneficiary/POD Payee _____
 Street _____
 City/State/Zip _____
- Print name of Agent _____
 Signature _____ (date) _____
- Minor's TIN/SSN _____
- 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