

ACCOUNT SERVICES FORM

BRANCH: _____

-New Member(s) -Additional Account(s) -Make Joint -Name Change -Remove Name -Death Re-tiltment -Other (Designations, etc.)

A	<input type="checkbox"/> -STATE EMPLOYEES' CREDIT UNION <input type="checkbox"/> -LOCAL GOVERNMENT FCU <input type="checkbox"/> -NC PRESS ASSOCIATION FCU						
B	TYPE OF OWNERSHIP (CHECK ONLY ONE)						
	<input type="checkbox"/> -Individual <input type="checkbox"/> -Payable on Death-POD	<input type="checkbox"/> -Joint (Right of Survivorship) <input type="checkbox"/> -Uniform Transfer to Minors Act	<input type="checkbox"/> -Personal Agent <input type="checkbox"/> -Revocable Living Trust	<input type="checkbox"/> -Representative Payee (SSA) <input type="checkbox"/> -Guardian/Custodian	<input type="checkbox"/> -Estate <input type="checkbox"/> -Organization		
C	<input type="checkbox"/> -Shares# _____ (201) <input type="checkbox"/> -Fat Cat Shares # _____ (212) <input type="checkbox"/> -Zard Shares# _____ (213) <input type="checkbox"/> -**Summer Cash# _____ (267) <input type="checkbox"/> -**Summer Cash# _____ (278) <input type="checkbox"/> -SALO Cash# _____ (272) <input type="checkbox"/> -**Holiday Cash# _____ (225) <input type="checkbox"/> -Other _____ # _____ () <input type="checkbox"/> -Other _____ # _____ () <input type="checkbox"/> -Checking -Cycle # _____ (002) <input type="checkbox"/> -Zard Checking -Cycle # _____ (013) <input type="checkbox"/> -Health Savings Acct - <input type="checkbox"/> Individual or # _____ (350) <input type="checkbox"/> Family <input type="checkbox"/> -MMSA -Cycle # _____ # _____ (003) <input type="checkbox"/> -Traditional IRA # _____ (302) <input type="checkbox"/> -Roth IRA # _____ (304) <input type="checkbox"/> -Coverdell ESA# _____ (305) <input type="checkbox"/> -SEP-IRA # _____ (303) <input type="checkbox"/> -Conv.Roth IRA # _____ (308)						
D							
	STC Account #	STC Amount	Term/ Months	Option	** STC or Cash Club Transfer To Type Account #		
E							
	OWNERSHIP	PRIMARY	SECONDARY	OTHER			
	Name:						
	Designation:	<input type="checkbox"/> -Member <input type="checkbox"/> -Minor	<input type="checkbox"/> -Estate Name <input type="checkbox"/> -Organization Name <input type="checkbox"/> -Revocable Living Trust Date: _____	<input type="checkbox"/> -Joint Member <input type="checkbox"/> -Beneficiary <input type="checkbox"/> -Personal Agent <input type="checkbox"/> -UTTMA Custodian	<input type="checkbox"/> -RLT Trustee <input type="checkbox"/> -Org. Officer <input type="checkbox"/> -Estate Admin. <input type="checkbox"/> -Coverdell Responsible Person	<input type="checkbox"/> -Joint Member <input type="checkbox"/> -Beneficiary <input type="checkbox"/> -RLT Co-Trustee <input type="checkbox"/> -Representative Payee	<input type="checkbox"/> -Court Appointed Guardian or Custodian
	SSN/TIN#:						
	Birth Date:						
	Employer/Dept#:	Dept#:	Dept#:	Dept#:	Dept#:		
	Phones:	(H) (W)	(H) (W)	(H) (W)	(H) (W)		
F	Eligibility:(Retirement #, share #, or Family Relationship & share #):						
G	Member Identification Program (MIP) Documentation						
	Type:	Issued:	Type:	Issued:	Type: Issued:		
	ID #:	Expires:	ID #:	Expires:	ID #: Expires:		
H	Mailing Address (Street or PO Box):						
	City, State ZIP:						
I	Residence Street Address (If different from mailing):						
	City, State ZIP:						
J	<input type="checkbox"/> -Issue card to PRIMARY member with voice response. Type Card: <input type="checkbox"/> -Check Card <input type="checkbox"/> -Access Card <input type="checkbox"/> -CARD DECLINED-Member Initials: _____ Select voice response password below Plastic Type: <input type="checkbox"/> -Golden Circle <input type="checkbox"/> -Fat Cat <input type="checkbox"/> -Zard <input type="checkbox"/> -HSA <input type="checkbox"/> -Firemen's Assoc. (Inst. 011 only)						
	<input type="checkbox"/> -Issue card to SECONDARY member with voice response. Type Card: <input type="checkbox"/> -Check Card <input type="checkbox"/> -Access Card <input type="checkbox"/> -CARD DECLINED-Member initials: _____ Select voice response password below Plastic Type: <input type="checkbox"/> -Golden Circle <input type="checkbox"/> -Fat Cat <input type="checkbox"/> -Zard <input type="checkbox"/> -HSA <input type="checkbox"/> -Firemen's Assoc. (Inst. 011 only)						
	<input type="checkbox"/> -Add this account(s) to existing card(s) listed below <input type="checkbox"/> -ADD TO EXISTING CARD DECLINED-Member Initials: _____ <input type="checkbox"/> -Name change, reissue card listed below						
	<input type="checkbox"/> -Add other account(s) to existing card(s) below. Type Account P or S Type Account P or S Type Account P or S						
	PRIMARY CARD#:	VOICE PASSWORD:			Use the space to the right to record the date this ASF was keyed. File by date. >>>>>>		
	SECOND CARD #:	VOICE PASSWORD:					

ACCOUNT SERVICES FORM

PRIMARY NAME: _____

Date ASF Keyed:
(Must match Page 1)

PRIMARY SSN: _____

CHECKING ONLY

-Donation of \$1 to SECU Foundation DECLINED (normal service charges apply) - Member initials: _____

-Add overdraft protection to the checking account(s) on Page 1 from these accounts: -OVERDRAFT PROTECTION DECLINED-Member initials: _____

Primary Overdraft Account: Type: _____ Account # _____

Secondary Overdraft Account:: Type: _____ Account # _____

-Add account # _____ as -Primary or -Secondary Overdraft Protection for checking account # _____

L - SIGNATURES

Previously Signed Account Form/Card - Account Number: _____

I (we), as depositor(s) have read and received a copy of the Rules and Regulations governing this account and these services and agree to adhere to same. It is agreed that any and all accounts which I (we) now have or may at any future time have which reference this account will be governed by this signature authority. With respect to joint accounts (all of which have the right of survivorship), any of us has the full power and authority to authorize any additional accounts which reference this signature authority. I (we) also certify that I (we) am eligible for membership in the Credit Union and that the ownership of the account(s) being requested is valid under the current by-laws of the Credit Union.

Under penalties of perjury, the depositor(s) certifies that I (we) am a U.S. person (including a U.S. resident alien). I (We) further certify that the tax payer identification number (TIN) listed for this account and for any accounts I (we) now have or may have at any future time have which reference this account is correct for the depositor and that the depositor is not subject to backup withholding either because the depositor has not been notified that the depositor is subject to backup withholding as a result of a failure to report all interest or dividend, or the Internal Revenue Service has notified the depositor that the depositor is no longer subject to backup withholding. The Internal Revenue Service does not require the depositor's consent to any provisions on this document other than the certifications required to avoid backup withholding.

By initialing here and signing below, I (we) am applying for a credit card account. By doing so, I (we) (Two initials, if joint) authorize the Credit Union to verify my (our) employment, income and any other information I (we) have provided and to obtain a current credit report on me (us). I (we) understand that after review of this information, additional information may be requested to complete the application process.
 → Income:\$ _____ Joint Income:\$ _____ Credit Limit Requested:\$ _____

_____ _____ Date _____ _____ _____ Date _____
-Member -RLT Trustee -UTTMA Custodian -Representative Payee -Legal Guardian or Legal Custodian -Estate Administrator -Organization Officer -Minor's signature by Parent/Guardian
-Joint Member -Personal Agent -RLT Co-Trustee - _____ _____ _____ Date _____

M - UTTMA CUSTODIAL RELEASE

To be used only if young adult is eligible for membership and funds in this account(s) will be maintained at the Credit Union in young adult's name. Otherwise, UTTMA Custodian should close account(s) and give funds to young adult. Young Adult's Date of Birth: _____

As UTTMA custodian for the account(s) listed on the reverse under the North Carolina Uniform Transfers to Minors Act (GS Chapter 33A), I hereby release all funds in the account(s) to the young adult in whose name the account(s) was originally established.

_____ _____
 (UTTMA Custodian's signature) (Date Released)

Note to MSR: If the young adult is eligible for membership in the Credit Union, then this account(s)'s ownership can now change to *Individual* with full membership rights in the Credit Union. [Young adult must sign ASF as new member].

N - CREDIT UNION USE ONLY

Demo updated? _____ Name Keys Updated? _____ Parent/Guardian Signature, if needed? _____

STMT#	Keyed to CSS?	Signature Location Updated?	IRA/HSA Bene Form Signed/ Keyed?	Overdraft Form signed, if needed?	Overdraft Keyed?	PAYD keyed.			
New Check Order Keyed?	Rules & Regs &/or IRA/HSA Disclosures	Direct Deposit?	Copy sent to Cardholder Member Services, if needed?	FT Keyed?	Branch Employee's initials:				
PAYD Dept	PAYD SSN	Effective Date	Skip Mo	Type	Account	Amount			
A,C or D	Seq #	AP	Credit Account	AP	Debit Account	Freq.	Amount	First Date	Exp. Or Occurs