

**POLK COUNTY SCHOOLS EMPLOYEES CREDIT UNION**  
**P.O. BOX 7555**  
**URBANDALE, IOWA 50323**

**ACCOUNT CARD**

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 unless the Credit Union is notified in writing of a change.

Suffix	Suffix
Share/Savings: _____	Money Market: _____
Share Draft/Checking _____	HSA: _____
Share Certificate/Certificate _____	Other: _____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. 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: _____	
Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No.: _____
Home Phone: _____	Date of Birth: _____
Listed                  Unlisted	Password: _____
Work Phone: _____	Employer: _____
Membership Eligibility: _____	E-mail: _____

**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 issue),
- (2) I am not subject to backup withholding because: (1) 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 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 _____	
Signature	Date
X _____	
Signature	Date

X _____	
Signature	Date
X _____	
Signature	Date

**ACCOUNT SERVICES**

Payroll Deduction/Direct Deposit: \_\_\_\_\_

ATM Card: \_\_\_\_\_

Overdraft protection (Indicate transfer priority): \_\_\_\_\_

Debit Card: \_\_\_\_\_

PC Access/Internet Banking: \_\_\_\_\_

Other: \_\_\_\_\_

**ACCOUNT OWNERSHIP**

Individual

Joint Account with Rights of Survivorship

Joint Account without Rights of Survivorship

**Joint Owner:** \_\_\_\_\_

Street: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Driver's License No: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Listed      Unlisted

Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Joint Owner:** \_\_\_\_\_

Street: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Driver's License No: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Listed      Unlisted

Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**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

**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

Access Card

Audio Response

PC Access/Internet Banking