

Dowell Federal Credit Union

Membership Application

Member Number:

5319 S. Lewis Ave., Suite 111 ▪ Tulsa, OK 74105 ▪ 918.665.7662 ▪ 800.335.7662 ▪ Fax 918.665.7664 ▪ www.dowellfcu.com

PRIMARY OWNER INFORMATION

First Name: M.I.: Last Name: SSN / TIN: Date of Birth: Account Password (optional): Address*: Apt. #: City: State: Zip: * If a PO Box is selected for the mailing address, a physical address must be provided: Home Phone: Cellular: Work: E-Mail Address (Required for E-Statement): Employer: Occupation: **DESIGNATE THE OWNERSHIP / RESPONSIBILITY FOR THE ACCOUNT(S):****ELIGIBILITY FOR MEMBERSHIP / EMPLOYER:** INDIVIDUAL JOINT ACCOUNT WITH SURVIVORSHIP

JOINT OWNER INFORMATION

Joint Owner / First Name: M.I.: Last Name: SSN / TIN: Date of Birth: Relationship to Primary Owner: Employer: Occupation: Home Phone: Cellular: Work: E-Mail: Joint Owner / First Name: M.I.: Last Name: SSN / TIN: Date of Birth: Relationship to Primary Owner: Employer: Occupation: Home Phone: Cellular: Work: E-Mail:

PAYABLE ON DEATH(POD) BENEFICIARY/PAYEE

Beneficiary/POD Payee: Address: Beneficiary/POD Payee: Address:

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.

- Share/Savings (\$5 minimum)
- Share/Christmas Club
- Share Draft/Checking--Debit Card Account
- Share Certificate(s)

There will be a \$5 (1 Share) minimum deposit to open/maintain Savings and Membership. These funds shall be held in the Member Share/Savings Account.

ACCOUNT SERVICES

PAYROLL DEDUCTION: _____ (Employer's Name) (Contact DFCU for a list of eligible companies)

I have this day authorized the payroll department to deduct the following amount from my pay each period until further notice from me.

Savings Account \$ Checking/Debit Card Account \$ Christmas Club \$

Other \$ TOTAL DEDUCTION PER PAY CYCLE:

Access your funds through the use of ATM and/or Point of Sale (POS)* purchases wherever MasterCard is accepted.
*POS transactions require an open & funded Electronic Checking Account.

A Debit Card will be automatically issued to the Primary Owner.

YES, please issue a Debit Card to the Joint Owner, (Name)

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

- (A) By signing below, I certify under penalties of perjury that (1) the Taxpayer Identification Number (TIN) shown on this Membership Application Form is my correct TIN and I am not subject to backup withholding either because (a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends or (b) the IRS has notified me that I am no longer subject to backup withholding.
- (B) I am not a U.S. person or U.S. resident alien. (Complete/submit a separate form W-8 BEN)

AGREEMENT AND AUTHORIZATION

By signing below, I/we agree to Dowell Federal Credit Union's by-laws and 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 Electronic Funds Transfer (EFT) service is required and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We hereby authorize Dowell Federal Credit Union to verify credit and employment history by any necessary means, including access of a consumer credit report from any consumer reporting agency for any information it deems necessary for approval of this application as well as any credit products requested now or in the future. This signature applies to all accounts under my/our name(s) at Dowell FCU. In Compliance with the USA Patriot Act, I understand Dowell FCU is required to obtain and verify identification provided for all new account owners and joint owners, using methods permitted by law.

Joint Owner Agreement: Dowell Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereof in the payment of funds or the transaction of any business for this account. Any or all of said Joint Owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the Credit Union.

Upon issue of a Personal Identification Number ("PIN"), this number should be memorized. DO NOT write it on your Card or keep in your wallet/purse. After memorizing it, you should destroy it. Your accounts can be accessed by the use of the Card with the PIN. If you forget your PIN, contact the Credit Union and we will issue you a new one. By the signing of this application, I acknowledge that I understand the use of my PIN/Password has the same legal effect as my written signature. I further understand that I am responsible for all transactions made through internet home banking/bill-pay and if I disclose my PIN/Password to anyone, I am aware they have access to all of my accounts and that I am responsible for his/her transactions.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

X _____ X _____
Primary Owner Signature Date Joint Owner Signature Date

X _____ X _____
Joint Owner Signature Date Joint Owner Signature Date

For Credit Use Only

Date of Membership: _____ Opened/App'd By: _____

- Credit Report / OFAC Verification PC Access / Internet Banking Setup E-Statement Setup
 ATM or Debit Card Setup / Ordered Payroll Deduction Request / Setup Other _____