

SHARE DRAFT ACCOUNT CARD

Credit Union Name: **Changing Seasons FCU**

I/we hereby authorize the Credit Union to establish a special account for me/us to be known as a "Share Draft Account", also known as a "checking account". The Credit Union is authorized to pay share drafts (checks) signed by me (or by any of us, if this card is signed by more than one person) and to charge the payments against the Share Draft (checking) Account.

I/we have read the Share Draft Agreement with provisions and acknowledge receipt of applicable agreement, disclosure(s), and rate and fee schedules. I understand and agree that the USA PATRIOT Act obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time.

TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED. **FAIR AND ACCURATE CREDIT TRANSACTIONS ACT NOTICE:** We may report information about your account to credit bureaus. Late or missed payments, or other defaults may be reflected in your credit report.

Shared Draft Account Number: _____ Share Account Number: _____

Loan Account Number: _____

Overdraft Protection Line of Credit YES* _____ No _____

Transfer Options

_____ Line of Credit first, then Share (savings) Account to Share Draft (checking) Account.

_____ Share Account (savings) first, then Line of Credit to Share Draft (checking) Account.

_____ Share Account (savings) to Share Draft (checking).

*SUBJECT TO CREDIT APPROVAL-Alternately, the Share Account (savings) to Share Draft (checking) option will be instituted.

X

Member's Signature _____ Member Authorization for Joint Owner _____ Date _____

X

Joint Owner's Signature _____ Social Security Number _____ Date of Birth _____ Date _____

X

Joint Owner's Signature _____ Social Security Number _____ Date of Birth _____ Date _____

Account Number _____ NAME-Print _____ Social Security # _____

Mailing and Street Address _____ City and State _____ Zip _____

Employer _____ Div. or Dept. _____ Work Phone _____ Home Phone _____

Date of Birth _____ Husband's first name or Mother's maiden name _____

ID Type _____ Number _____

IMPORTANT TAX INFORMATION MUST BE COMPLETED ON THE REVERSE SIDE

(OVER)

IMPORTANT TAX INFORMATION

You (as the payee) are required by law to provide us (as payor) with your correct taxpayer identification number. If you are an individual, your taxpayer identification number is your social security number. If you have not provided us with your correct identification number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, interest, dividends, and other payments that we make to you may be subject to backup withholding.

Backup withholding is different from the 10 percent withholding on interest and dividends that was repealed in 1983. If backup withholding applies, a payor is required to withhold 31 percent of interest, dividends, and other payments made to you. Backup withholding is not an additional tax. Rather, if the tax liability of persons subject to backup withholding results in an overpayment to taxes, a refund may be obtained.

Before you can join the Credit Union, you must complete the Tax I.D. Certification Notice on the bottom of this card.

Certification Instructions. Cross out item **2** 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.

TAX IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify:

1. That the number shown on the membership card is my correct taxpayer identification number; and
2. That I am not subject to backup withholding, either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

 Date

 Authorized Signature

I.D. Verified

Additional Joint Owner Information

1. Address _____ ID Type and No. _____
2. Address _____ ID Type and No. _____