



PO Box 566
 Sheffield, AL 35660
 Phone: (256) 383-9204
 Toll Free: (800) 239-6033

Request for Services/Signatures

MEMBER INFORMATION

Member: _____	Member No. _____
Physical Address: _____	SSN/TIN: _____
City/State/Zip: _____	ID: _____ Exp: _____
Mailing Address: _____	Date of Birth: _____
City/State/Zip: _____	Security Code: _____
Home Phone: _____ Cell Phone: _____	Eligibility: _____
Work Phone: _____	Employer: _____
E-Mail: _____	Occupation: _____ <input type="checkbox"/> ID verified by _____

ELECTION OF DEPOSIT ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this form apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Please read the agreements for the services available to you through the Credit Union and then check the box(es) below indicating the services you are electing now.

Suffix*	Suffix*
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market - Transfer Source To Checking <input type="checkbox"/> Yes <input type="checkbox"/> No _____ / _____
<input type="checkbox"/> Share Draft/Checking Draft No: _____	<input type="checkbox"/> My Goal Savings: _____
<input type="checkbox"/> Share Certificate: _____	<input type="checkbox"/> Share Certificate: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number listed above. If this form applies to more than one account of the same type, more than one suffix will be listed for that account type.

ELECTION OF DEPOSIT ACCOUNT SERVICES

<input type="checkbox"/> Anytime Credit: _____	<input type="checkbox"/> Automated Access: _____
<input type="checkbox"/> Debit Card: _____	<input type="checkbox"/> Debit Card - JO: _____
<input type="checkbox"/> Direct Deposit: _____	<input type="checkbox"/> eStatements: _____
<input type="checkbox"/> Explorer Rewards: _____	<input type="checkbox"/> Good Start: _____
<input type="checkbox"/> Online Banking: _____	<input type="checkbox"/> Order Checks: _____

ACCOUNT OWNERSHIP - Please complete this section if you desire joint owners on your share or deposit accounts.

Designate the account type, the ownership of the accounts and responsibility for the services requested. Joint Owners listed apply only to the Account Type and Number Line immediately above the Joint Owner's name.

Account Suffix(es): _____	SSN/TIN: _____
Joint Owner: _____	ID: _____ Exp: _____
Street: _____	Date of Birth: _____
City/State/Zip: _____	Work Phone: _____ Cell Phone: _____
Home Phone: _____	Occupation: _____

Account Suffix(es): _____	SSN/TIN: _____
Joint Owner: _____	ID: _____ Exp: _____
Street: _____	Date of Birth: _____
City/State/Zip: _____	Work Phone: _____ Cell Phone: _____
Home Phone: _____	Occupation: _____

Account Suffix(es): _____	SSN/TIN: _____
Joint Owner: _____	ID: _____ Exp: _____
Street: _____	Date of Birth: _____
City/State/Zip: _____	Work Phone: _____ Cell Phone: _____
Home Phone: _____	Occupation: _____

Account Suffix(es): _____	SSN/TIN: _____
Joint Owner: _____	ID: _____ Exp: _____
Street: _____	Date of Birth: _____
City/State/Zip: _____	Work Phone: _____ Cell Phone: _____
Home Phone: _____	Occupation: _____



Payable on Death (POD)

Account Suffix(es): _____	Account Suffix(es): _____
Beneficiary/POD Payee: _____	Beneficiary/POD Payee: _____
SSN/TIN: _____ Date of Birth: _____	SSN/TIN: _____ Date of Birth: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
Relationship: _____	Relationship: _____
Account Suffix(es): _____	Account Suffix(es): _____
Beneficiary/POD Payee: _____	Beneficiary/POD Payee: _____
SSN/TIN: _____ Date of Birth: _____	SSN/TIN: _____ Date of Birth: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
Relationship: _____	Relationship: _____

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 issued), and*
- (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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

Certification Instructions. Check the box for 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. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
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SIGNATURES

1. You promise that everything you have stated above is correct. You authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with your request for membership and/or credit and for any update, renewal or extension of the credit received. You understand the Credit Union will rely on the information above and in your credit reports. If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.

2. Important Information About Opening a New Account. To help our government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person when opening a new account. What does this mean for you? When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.

3. 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.

4. If eligibility is based on associational membership, I authorize Listerhill to share my name and contact information with the association and acknowledge that I may be contacted by the association I am joining. I may opt out of such communications through the opt-out methods provided by the association.

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

MEMBER'S SIGNATURE	DATE
X	

RELATIONSHIP

JOINT OWNER'S SIGNATURE	DATE
X	

RELATIONSHIP

JOINT OWNER'S SIGNATURE	DATE
X	

RELATIONSHIP

JOINT OWNER'S SIGNATURE	DATE
X	

RELATIONSHIP

JOINT OWNER'S SIGNATURE	DATE
X	

RELATIONSHIP

NOTARY

STATE OF _____
COUNTY OF _____
Before me _____

ID TYPE: _____
ID NUMBER: _____

Has subscribed and sworn this _____ day of _____, _____.

NOTARY PUBLIC

My Commission Expires: _____

Verified by: _____