



WNC COMMUNITY CREDIT UNION
27 Kent Lane
Waynesville, NC 28786
(828) 456-1840

Account Card

MEMBER APPLICATION AND OWNERSHIP INFORMATION		Member No:
Member/Owner:		
Street:	SSN/TIN:	
City/State/Zip:	Driver's Lic. No:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:	
Work Phone:	Password:	
E-mail:	Membership Eligibility:	
Employer:		
ACCOUNT OWNERSHIP		
Designate the ownership of the accounts and responsibility for the services requested.		
<input type="checkbox"/> Individual <input type="checkbox"/> Joint (G.S. 54-109.58): We <input type="checkbox"/> do <input type="checkbox"/> do not elect to create the right of survivorship in this account.		
We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: (1) the Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have directed that withdrawals require more than one signature; and (2) if we elect to create the right of survivorship in the account, that upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to heirs of the deceased joint owner or be controlled by the deceased joint owner's will.		
Joint Owner:		SSN/TIN:
Street:	Driver's Lic. No:	
City/State/Zip:	Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:	
Work Phone:	E-mail:	
Joint Owner:		SSN/TIN:
Street:	Driver's Lic. No:	
City/State/Zip:	Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:	
Work Phone:	E-mail:	
Joint Owner:		SSN/TIN:
Street:	Driver's Lic. No:	
City/State/Zip:	Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:	
Work Phone:	E-mail:	
ACCOUNT DESIGNATIONS		
<input type="checkbox"/> Payable on Death (POD) Account. I/We understand that by establishing a POD account under the provisions of North Carolina General Statute 54-109.57A that: (1) during my/our lifetime, I/we may withdraw the money in the account; and (2) by written direction to the Credit Union, I/we individually or jointly, may change the beneficiary or beneficiaries; and (3) upon my/our death, the money remaining in the account will belong to the beneficiary or beneficiaries and the money will not be inherited by my/our heirs or be controlled by will.		
<div style="text-align: center;"><input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts _____</div>		
Beneficiary/POD Payee: _____		Beneficiary/POD Payee: _____
Street: _____		Street: _____
City/State/Zip: _____		City/State/Zip: _____
<input type="checkbox"/> UTMA _____ (as custodian for _____ (minor) under the North Carolina Uniform Transfers to Minors Act.) Minor's SSN/TIN: _____		
<input type="checkbox"/> Personal Agency Account I/We understand that by establishing a personal agency account under the provisions of N.C.G.S. 54-109.63 that the agent named in the account may (1) sign checks drawn on the account and (2) make deposits into the account. I/We also understand that upon my/our death the money remaining in the account will be controlled by will or inherited by my/our heirs. Print Name of Agent: _____		
Signature: _____		Date: _____
<div style="text-align: center;"><input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts _____</div>		
<input type="checkbox"/> Other: _____		<input type="checkbox"/> See Account Authorization Card
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 unless the Credit Union is notified in writing of a change.		
Suffix		Suffix
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____	
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> HSA: _____	
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> 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.		

ACCOUNT SERVICES

- ☐ Payroll Deduction/Direct Deposit:
- ☐ Audio Response:
- ☐ Overdraft Protection (Indicate transfer priority.):
- ☐ ATM Card: ☐ Debit Card:
- ☐ PC Access/Internet Banking:
- ☐ Other:

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. 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. 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) _____

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. If a joint account is requested, I/we agree to the survivorship designation on the "ACCOUNT OWNERSHIP" section. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

Signature

Date

X

Signature

Date

X

Signature

Date

X

Signature

Date

X

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