



PO Box 1865  
 Idaho Falls, Idaho 83403  
 1-800-727-9961

**MEMBERSHIP AND ACCOUNT  
 APPLICATION AND ACCOUNT CARD**

**Check One:**      New Application      Change in Account

ACCOUNT NUMBER

**ACCOUNT TYPE**

I AM THE PRIMARY ACCOUNT OWNER. MY INFORMATION IS AS FOLLOWS:			
NAME		SOCIAL SECURITY #	DATE OF BIRTH
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)		APT/UNIT #	CITY STATE ZIP
DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	OCCUPATION	PHONE NUMBER

I WOULD LIKE THE FOLLOWING JOINT OWNER ON MY ACCOUNT			Joint 1 (J1)
NAME (J1)		SOCIAL SECURITY # (J1)	DATE OF BIRTH (J1)
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable) (J1)		APT/UNIT # (J1) CITY (J1)	STATE (J1) ZIP (J1)
DRIVER'S LICENSE NUMBER (J1)	STATE OF ISSUANCE (J1)	OCCUPATION (J1)	PHONE NUMBER (J1)

I WOULD LIKE THE FOLLOWING JOINT OWNER ON MY ACCOUNT			Joint 2 (J2)
NAME (J2)		SOCIAL SECURITY # (J2)	DATE OF BIRTH (J2)
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable) (J2)		APT/UNIT # (J2) CITY (J2)	STATE (J2) ZIP (J2)
DRIVER'S LICENSE NUMBER (J2)	STATE OF ISSUANCE (J2)	OCCUPATION (J2)	PHONE NUMBER (J2)

I WOULD LIKE THE FOLLOWING JOINT OWNER ON MY ACCOUNT			Joint 3 (J3)
NAME (J3)		SOCIAL SECURITY # (J3)	DATE OF BIRTH (J3)
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable) (J3)		APT/UNIT # (J3) CITY (J3)	STATE (J3) ZIP (J3)
DRIVER'S LICENSE NUMBER (J3)	STATE OF ISSUANCE (J3)	OCCUPATION (J3)	PHONE NUMBER (J3)

I WOULD LIKE THE FOLLOWING JOINT OWNER ON MY ACCOUNT			Joint 4 (J4)
NAME (J4)		SOCIAL SECURITY # (J4)	DATE OF BIRTH (J4)
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable) (J4)		APT/UNIT # (J4) CITY (J4)	STATE (J4) ZIP (J4)
DRIVER'S LICENSE NUMBER (J4)	STATE OF ISSUANCE (J4)	OCCUPATION (J4)	PHONE NUMBER (J4)

I WOULD LIKE THE FOLLOWING JOINT OWNER ON MY ACCOUNT			Joint 5 (J5)
NAME (J5)		SOCIAL SECURITY # (J5)	DATE OF BIRTH (J5)
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable) (J5)		APT/UNIT # (J5) CITY (J5)	STATE (J5) ZIP (J5)
DRIVER'S LICENSE NUMBER (J5)	STATE OF ISSUANCE (J5)	OCCUPATION (J5)	PHONE NUMBER (J5)

CREDIT UNION EMPLOYEE NAME
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**(Optional)** I would like the following Payable-on-Death Beneficiary (POD), who will receive the funds in this account if I die (or, on a joint account, when all joint owners die)\*:

POD 1:	POD 4:
POD 2:	POD 5:
POD 3:	POD 6:

\*If more than one POD is designated on the Account Card, each designated POD will share equally in the POD rights for the account. A POD may not be an owner of the account. This POD designation is incorporated as a part of your Membership Agreement with Frontier Credit Union.

**OVERDRAFTS**

You must complete the separate document, "What you Need To Know About Overdrafts and Overdraft Fees" as part of this application.

**TIN AND BACKUP WITHHOLDING CERTIFICATION Complete the following section:**

Under penalties of perjury, I certify that the number shown on this Application as my Social Security Number or TIN is my correct taxpayer identification number, and that (check applicable boxes):

<input type="checkbox"/> I am not subject to backup withholding due to failure to report interest and dividend income	<input type="checkbox"/> I am subject to backup withholding
<input type="checkbox"/> I am a U.S. Citizen	<input type="checkbox"/> I am not a U.S. Citizen and agree to complete a W-8 or other applicable form.

**AUTHORIZED SIGNATURES**

By signing below, I am applying for membership in the credit union. I certify that all information provided in this Application is true and complete to the best of my knowledge. I agree to abide by the Bylaws and other rules of the credit union and agree not to cause any loss to the credit union. I acknowledge receipt of, and agree to the terms of, the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, and to any amendments made thereto.

**Suspension of electronic services and access to share or deposit accounts.** By signing below, I understand and agree that you may suspend some or all electronic services and access to my checking or other account(s) if I become delinquent on any of my loan or deposit obligations to you or I cause a loss to you, in accordance with applicable law. You shall not be liable to me in any regard in connection with such suspension of services.

I also authorize you to check my employment and credit history and to obtain credit reports in connection with this application and from time to time to determine my eligibility for credit union products and services, and I acknowledge that you may share information pertaining to my accounts with credit bureaus and others as allowed under applicable law.

**Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.**

**IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the 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 who opens an account. This means that when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying information.

**THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.**

SIGNATURE OF PRIMARY ACCOUNT OWNER (Do Not Print)      DATE
  <b>X</b>

SIGNATURE OF JOINT ACCOUNT OWNER (J1) (Do Not Print)      DATE
  <b>X</b>

SIGNATURE OF JOINT ACCOUNT OWNER (J2) (Do Not Print)      DATE
  <b>X</b>

SIGNATURE OF JOINT ACCOUNT OWNER (J3) (Do Not Print)      DATE
  <b>X</b>

SIGNATURE OF JOINT ACCOUNT OWNER (J4) (Do Not Print)      DATE
  <b>X</b>

SIGNATURE OF JOINT ACCOUNT OWNER (J5) (Do Not Print)      DATE
  <b>X</b>