



MEMBERSHIP AND SERVICES APPLICATION

- Account type options: New, Change, Other

Important Information 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.

How are you eligible for Membership?

Account Number(s):

Account(s) Requests, Account Services, Account Type, and Health Savings Account options.

Health Savings Account details, HSA High Deductible Health Plan Type, and joint ownership notice.

Member Information (Print your full Name, including MI and Suffixes, Jr. Sr.), Member SSN or TIN, Birth Date

Mailing Address, Physical (Street) Address, City, State, Zip Code, Home Phone Number, E-Mail Address

Employer, Position

Business Address, City, State, Zip code, Business Phone Number

Driver's License or Other Government ID Number, Primary Source of Deposits to your Account(s)

ID Type, ID Number, State/Country, Issue Date, Expiration Date, Payroll Deposit, Retirement, Investments, Social Security, Other

Account Password (up to 8 characters), eStatements: I understand, unless I request otherwise, I will be receiving electronic statements for all my accounts.

Joint Information or Other Account Designations: Joint Owner, Custodian, Trustee, Parent/Legal Guardian. Includes fields for Name, Social Security#, Date of Birth, ID Type, ID Number, State/Country, Issue Date, Exp Date, Physical (Street) Address, City, State, Zip Code, Home Phone, E-mail Address, Employer, Position, Work Phone, Street Address, City, State, Zip Code.

SSN Certification and Backup Withholding: By signing this application, I certify under penalty of perjury, that (1) I am a U.S. person (including a U.S. resident alien), (2) the Social Security Number (SSN) shown is my correct identification number and (3) I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

(Optional)

**PAYABLE ON DEATH (POD): COMPLETE ONLY IF POD - NOT TO BE USED FOR IRA, HSA OR OTHER RETIREMENT PLAN ACCOUNTS.**

Name:	Relationship:	Social Security #:	Birth date:
Physical (Street) Address:			Phone number:
Name:	Relationship:	Social Security #:	Birth date:
Physical (Street) Address:			Phone number:

The funds held by the Credit Union in this account may be withdrawn from or paid out by the Credit Union upon the request of the signatory(ies), or any of them, and upon the death of the last surviving signatory, the Payable On Death (P.O.D.) payee or payees designated above or any of them shall have the right to withdraw or be paid all funds not then withdrawn, in equal portions, subject to the laws of the State of Colorado. The terms of the P.O.D Designation or Cancellation, as stated herein, is consistent with the terms of the Joint Owners Account Agreement, hereinabove set forth and shall not be construed in any circumstances, to alter those rights and privileges enumerated in the Joint Owners Account Agreement.

I hereby cancel the P.O.D. Designation(s) as displayed above. Should I elect to make other P.O.D. Designation(s), I will do so by completing an entirely new form.

**Visa Credit Card Agreement**  
*You must be 18 to apply*  
 This statement is submitted to obtain credit and I certify that all information herein is true and complete. I also authorize the Credit Union to verify or obtain further information the Credit Union may deem necessary concerning my credit standing. If this application is approved and a card is issued, I understand that a Visa Credit Card Agreement will be forwarded to me with the credit card. By signing below, signing or using the credit card, I agree to the terms and conditions of the Visa Credit Card Agreement, applicable to my card request.

I understand that granting a security interest is a condition for the credit card account and I give you a security interest in all funds now or hereafter in all deposit accounts (except IRA or HSA ) I have with you.

Income Mo. \$ _____ Mortgage/Rent \$ _____	IF APPROVED: Overdraft Protection will make transfers from the accounts listed below in the order of priority listed: 1. Account or Loan* Account No. _____ 2. Account or Loan* Account No. _____ 3. Account or Loan* Account No. _____ *A separate application may be required for this service. No protection from a loan account is provided unless approved for an overdraft loan account.
Borrower Signature _____	
Date ____/____/____	
Co-Borrower Signature _____	
Date ____/____/____	

**Membership Agreement**

By signing below, I agree to the terms and conditions of the Membership & Account Agreement, Truth in Savings Terms & Conditions Disclosure, Electronic Funds Transfer Agreement and Disclosure, Fee Schedule, Funds Availability Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein by reference. I certify the signature(s) on this card apply to all accounts designated within this account application; and all information provided is true and correct. **I understand and agree that the Patriot Act of 2001 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.** I acknowledge receipt of a copy of, and agree to be bound by the terms of the Agreement, Credit Union Privacy Policy, and Truth in Lending Disclosures applicable to the accounts and services requested herein. After notification, the Credit Union may charge a fee for continuing to maintain my inactive account. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

Account Ownership (**APPLICABLE IF JOINT OWNERS ARE DESIGNATED ON THE FRONT OF THIS CARD**): The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.

As Joint on the Account, you are financially responsible for the Account and any defaults/overdrawn balances. As inducement to Elevations Credit Union to provide financial services and extend credit to the above-identified Borrower, the undersigned individual hereby agrees to act as joint accountholder and further guarantee absolutely and unconditionally the prompt payment to the Credit Union when due all amounts owed by Borrower to the Credit Union, and the prompt performance of all obligations of Borrower as a member and accountholder of the Credit Union. This guarantee also includes all related obligations of Borrower such as interest, collection costs, NSF check fees, attorney's fees, etc., until the entire balance of all such obligations, have been paid in full. Guarantors shall not be released from liability under this guarantee until all of Borrower's obligations to the Credit Union have been satisfied in full.

**The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding on the reverse side of this card.**

**I agree to review the full membership agreement and account disclosures available in print, on CD-Rom and at ElevationsCU.com.**

<b>AUTHORIZED SIGNATURES:</b>			
_____	_____	<i>Joint Signature</i>	<i>Date</i>
<i>Owner Signature</i>	<i>Date</i>	_____	<i>Date</i>
		<i>Joint Signature</i>	<i>Date</i>
<b>For Credit Union Use Only</b>			<i>Revised 05/11/09</i>
Date ____/____/____	ID Verified by _____	TIN Application Date ____/____/____	Verified by _____ Member Eligibility _____
eFunds Verification: OFAC _____ SSN _____ ChexSystems _____		Supervisor Override initials: _____	
BSA <u>  </u> LR <u>  </u> MR <u>  </u> HR <u>  </u>		eFunds Comments: _____	
<input type="checkbox"/> Other Non Documentary Information _____ Verified by _____			
Loans <input type="checkbox"/> Approved Approved by _____ Visa amount \$ _____ <input type="checkbox"/> Denied (Notice Sent)			
<input type="checkbox"/> Credit Bureau Date ____/____/____ <input type="checkbox"/> Experian <input type="checkbox"/> Trans Union			
Membership Officer Signature _____			
Account Opened: <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> Internet <input type="checkbox"/> Indirect Lending <input type="checkbox"/> Other: _____			