

MEMBERSHIP APPLICATION AND ACCOUNT AGREEMENT FORM

MEMBER INFORMATION					
Member/Owner Name		Account Number	er:		
Address		Social Security/	TIN		
CitySta	te Zip	_ Date of Birth	//		
Driver's License #		I qualify for me	mbership because	-	
Home Phone #		Work Phone # _			
SIGNATURES I/We certify that the account in undersigned and the joint own disclosures for below services The undersigned authorizes Planta in the services of the undersigned authorizes Planta in the services of the undersigned authorizes Planta in the services of the se	ers who have signed belo and a copy of the Accou anites Credit Union to ve	w acknowledge that the nt Agreement; and an op rify credit and checking	y (or one of them) have re opportunity to receive a cop account history, including	eceived all relevant ac by of this Account Ag g reports from credit	ccount greement Form. reporting agencies.
Member Signature	Date		il:		
ACCOUNT OWNERSHIP T	TYPE				
☐ Individual Ownership	☐ Joint Owner	ship with Survivorship	Trust Account – Sub		
Individual with Beneficiary	☐ Joint with B	eneficiary	Dated.		
Custodian for	unde	er the Illinois Uniform T	ransfers to Minors Act		
BENEFICIARY INFORMA' Unless otherwise noted, funds remaini Beneficiary Name		death will be distributed equal S/S Number	ally. Relationship	%	
A Regular Share Savings account or in the future are covered by the applies to all of the accounts list account card. You agree to all account (s).	his Account Agreement For ted below, unless indicated	m. Accounts selected, and on an Account Addendum	all information indicated on Form, with equal or subsequ	this card uent dates of this	
ACCOUNT PRODUCTS					
Prime Share Savings	Minimum Bala	nce Checking	e Checking with direct De	eposit	
Holiday Club	☐ Vacation Club	Cer	tificate of Deposit - Term		
☐ Sub-Savings	Other	Oth	ner		

ACCOUNT SERVICES					
☐ VISA Debit Card * (Only available for checking account	nt) Savings ATM Cash Card *				
☐ Direct Deposit/ Payroll Deduction (Payroll Authorization Card Required) ☐ Other					
* Completion of VISA Debit Card or Savings ATM Card	application required *				
JOINT OWNER INFORMATION					
Joint Owner Name					
Address	Social Security/TIN				
City State Zip	Date of Birth/				
Home Phone #	Work Phone #				
Driver's License #					
Joint Owner Signature Date	te //				
JOINT OWNER INFORMATION					
Joint Owner Name					
Address	Social Security/TIN				
City State Zip	Date of Birth/				
Home Phone #	Work Phone #				
Driver's License #					
Joint Owner Signature Date	te //				
TIN CEDTIFICATION AND DACKUD WITHIOLD	NC INFORMATION				
(TIN) shown is my/the correct identification number, and	ertify that the Social Security Number (SSN)/ Tax Identification Number that I am not subject to backup withholding because I have not been notified re to report all interest/dividends, or the Internal Revenue Service has notified				
SSN/TIN # Signature	//				
directors at the time this proxy is used, as proxies to cast all votes matter with regard to which credit union shareholders are entitled annual or special meetings of the members of said credit union he until and unless this proxy is cancelled by the member. The mem	the Board of Directors of this Credit Union, who are qualified and acting is to which member is entitled, for the election of directors, mergers and any identity to vote by proxy, as the said directors or a majority of them see fit, at all ereafter held and any adjournment thereof, from time to time and year to year, therefore the thereof is the said proxies to designate a person or committee to a candidates as the said proxy shall determine, hereby ratifying whatever the				
If checked, separate resolution is on file (for corporation, par	tnership, association or club)				