

PACIFIC RAILS CREDIT UNION ACCOUNT CARD AND MEMBERSHIP AGREEMENT

Account Number:

Name:

Address:

City, State, Zip:

Date of Birth:

Telephone:

Mother's Maiden Name:

SS or Tax Id No.:

Driver's License No.:

Date:

Name:

Address:

City, State, Zip:

Date of Birth:

Telephone:

Mother's Maiden Name:

SS or Tax Id No.:

Driver's License No.:

Ownership: Joint Tenants with Rights of Survivorship Individual Trust Association
 Business Sole Proprietorship Partnership Corporation Not for profit organization

Payable on Death to:

Special Instructions:

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN/Taxpayer identification number (TIN) shown is my/the correct identification number and that 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.

I am subject to backup withholding

I am not a United States citizen or resident
(Complete W-8 form)

Exempt

1. This membership and account are subject to the Financial Institutions Act of 1981 or the Federal Credit Union Act, as applicable; the Articles of Incorporation and Bylaws of the Credit Union; and the policies and procedures of the Credit Union, including amendments or modifications.
2. The Credit union can charge a membership and/or service fee against this account in an amount set forth in the Membership Agreement and Disclosure, and/or fee schedules, known as the Member Handbook.
3. Ownership of this account is in accordance with Utah Code Annotated 7-9-32 and the applicable law.
4. This membership and account are subject to the terms of the Member Handbook. This Handbook can be amended by the credit union.
5. This agreement applies to share, share draft, certificate or other accounts unless specifically amended in writing.

I/we agree to the terms of this Agreement.

Signature _____

Signature _____

Signature _____

Signature _____

CERTIFICATION IF AWAITING NUMBER

Under penalties of perjury, I certify (1) that a taxpayer identification number has not been issued to me and that I mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or I intend to mail or deliver an application in the near future) and (2) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

I understand that if I do not provide a taxpayer identification number to the credit union within 60 days, the credit union is required to withhold 31 percent of all reportable payments thereafter made to me until I provide a number.

Signature _____

Date _____

Qualification for Membership:

Qualification for Membership:

I certify that this account meets all of the conditions of membership as outlined in the Credit Union By-Laws.

Membership Officer _____

Date _____