



Mail To:

OPPFUCU - C/O SAMSCU
455 Buford Hwy.
Suwanee, GA 30024
(678)546-5178
www.oppfuc.com

Please print, fill-out, and mail along
with a copy of driver's license

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner: _____ **Member No:** _____

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Survivorship Joint Account without Survivorship

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No.: _____
Issue Date: _____ Expiration Date: _____

Home/Cell Phone: () Listed Unlisted Date of Birth: _____

Work Phone: () Password: _____

E-mail: _____ Membership Eligibility: _____

Employer: _____

ACCOUNT OWNERSHIP (Joint Owners must provide copy of driver's license or identification)

Joint Owner: _____ SSN/TIN: _____

Street: _____ Driver's Lic. No.: _____
Issue Date: _____ Expiration Date: _____

City/State/Zip: _____ Date of Birth: _____

Home/Cell Phone: () Listed Unlisted Password: _____

Work Phone: () E-mail: _____

Joint Owner: _____ SSN/TIN: _____

Street: _____ Driver's Lic. No.: _____
Issue Date: _____ Expiration Date: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: () Listed Unlisted Password: _____

Work Phone: () E-mail: _____

Joint Owner: _____ SSN/TIN: _____

Street: _____ Driver's Lic. No.: _____
Issue Date: _____ Expiration Date: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: () Listed Unlisted Password: _____

Work Phone: () E-mail: _____

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 below 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"/> Other	_____
<input type="checkbox"/> Share Certificate	_____	<input type="checkbox"/> Other	_____

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number listed above. 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

<input type="checkbox"/> Payroll Deduction/Direct Deposit:	
<input type="checkbox"/> Audio Response:	
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority):	
<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:	
<input type="checkbox"/> 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,
(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. person (including a U.S. resident alien).

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. Cross out item **3** and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, 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 Agreement 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 Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

<p>X _____</p> <p>Signature Date</p>	<p>X _____</p> <p>Signature Date</p>
<p>X _____</p> <p>Signature Date</p>	<p>X _____</p> <p>Signature Date</p>

FOR CREDIT UNION USE ONLY	<input type="checkbox"/> See Account Change Card	<input type="checkbox"/> See Insurance Beneficiary Card
Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking