



Lockport, IL 60441
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 www.canals-trails.org



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 unless the Credit Union is notified in writing of a change.

<input type="checkbox"/> Share/Savings: _____	Suffix _____	<input type="checkbox"/> Money Market: _____	Suffix _____
<input type="checkbox"/> Share Draft/Checking: _____		<input type="checkbox"/> Club: _____	
<input type="checkbox"/> Share Certificate/Certificate: _____		<input type="checkbox"/> Other: _____	

The account number for each of the accounts listed consists of the suffix added to the end of the Member number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: _____

Member/Owner: _____

Street: _____ SSN/TIN: _____

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

Home Phone: _____ Date of Birth: _____

Listed Unlisted

Work Phone: _____ Employer: _____

Membership Eligibility: _____ E-mail: _____

Mother's Maiden Name: _____

PROXY INFORMATION

The member/owner does hereby constitute and appoint the members of the Board of Directors of this Credit Union, who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which the member is entitled, for the election of directors, mergers and any matter with regard to which credit union shareholders are entitled to vote by proxy, as the said directors or a majority of them see fit, at all annual or special meetings of the members of said credit union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member. The member further authorizes the said proxies to designate a person or committee to cast the vote or votes of the member in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

Member/Owner Signature _____

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 (or I am waiting for a number to be issued), and

(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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).

(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

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

<u> X </u>	_____	<u> X </u>	_____
Signature	Date	Signature	Date
<u> X </u>	_____	<u> X </u>	_____
Signature	Date	Signature	Date

Payroll Deduction/Direct Deposit: _____ ATM Card: _____
 Overdraft Protection (Indicate transfer priority.): _____ Debit Card: _____
 _____ Audio Response: _____
 PC Access/Internet Banking: _____ Other: _____

ACCOUNT OWNERSHIP

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

Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

Joint Owner: _____
 Street: _____ SSN/TIN: _____
 City/State/Zip: _____ Driver's Lic. No: _____
 Home Phone: _____ Date of Birth: _____
 Listed Unlisted Mother's Maiden Name: _____
 Work Phone: _____ E-mail: _____

Joint Owner: _____
 Street: _____ SSN/TIN: _____
 City/State/Zip: _____ Driver's Lic. No: _____
 Home Phone: _____ Date of Birth: _____
 Listed Unlisted Mother's Maiden Name: _____
 Work Phone: _____ E-mail: _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account
 All Accounts Designate Specific Accounts: _____
 Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
 Street: _____ Street: _____
 City/State/Zip: _____ City/State/Zip: _____
 UTMA/UGMA (as custodian for _____ (minor) under the
 Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: _____
 Agency Print Name of Agent: _____
 Signature: _____ Date: _____
 All Accounts Designate Specific Accounts: _____
 Other: _____ See Account Authorization Card

FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Card

Date of Membership: _____ Opened /App'd by: _____ Member Verification: _____
 Credit Report Check Verify PIN Request
 Access Card Audio Response PC Access/Internet Banking

Payroll Deduction/Direct Deposit: _____ ATM Card: _____
 Overdraft Protection (Indicate transfer priority.): _____ Debit Card: _____
 _____ Audio Response: _____
 PC Access/Internet Banking: _____ Other: _____

ACCOUNT OWNERSHIP

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

Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

Joint Owner: _____

Street: _____ SSN/TIN: _____

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

Home Phone: _____ Date of Birth: _____
 Listed Unlisted Mother's Maiden Name: _____

Work Phone: _____ E-mail: _____

Joint Owner: _____

Street: _____ SSN/TIN: _____

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

Home Phone: _____ Date of Birth: _____
 Listed Unlisted Mother's Maiden Name: _____

Work Phone: _____ E-mail: _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account
 All Accounts Designate Specific Accounts: _____

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____

Street: _____ Street: _____

City/State/Zip: _____ City/State/Zip: _____

UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: _____

Agency Print Name of Agent: _____
 Signature: _____ Date: _____

All Accounts Designate Specific Accounts: _____

Other: _____ See Account Authorization Card

FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Card

Date of Membership: _____ Opened /App'd by: _____ Member Verification: _____

Credit Report Check Verify PIN Request

Access Card Audio Response PC Access/Internet Banking