

ACCOUNT CARD

Auto Parts Employees Credit Union

1216 Everman Parkway
Ft. Worth, TX 76140

For Credit Union Use Only

NAME

(Last, First, MI) _____

Account No. _____

Date Opened _____

ACCOUNT TYPES

Share/Savings _____

Christmas _____

Share Draft /Checking _____

Other _____

MEMBER APPLICATION AND INFORMATION

Name (Last, First, Middle) _____

Mailing Address _____

City/State/Zip _____

Home Phone _____

Business Phone _____

Employer _____

Soc. Sec. or Tax I.D. No. _____

Employee No. _____

Eligibility For Membership _____

Date of Birth _____

Mother's Maiden Name _____

SSN/TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, by signing below, I certify (1) that the number shown on this form is my correct taxpayer identification number, (2) that, unless designated below, I am not subject to backup withholding either because I have not been notified that I am 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, and (3) that, unless designated below, I am a U.S. person (including a U.S. resident alien).

I am subject to backup withholding

I am exempt

I am not a citizen of the United States

SIGNATURE AND 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 to 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. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding**

X _____

Signature

Date

X _____

Signature

Date

ACCOUNT OWNERSHIP AND SURVIVORSHIP

Designate the ownership of the accounts and responsibility for the services requested. All joint owners are required to sign below.

- Single Party** _____
- Multiple Party with Survivorship X** _____
- Multiple Party without Survivorship X** _____

Joint Owner _____ SSN _____

Address _____ Driver's Lic. No. _____

Phone _____ Date of Birth _____

Home () _____ Work () _____ Mother's Maiden Name _____

Joint Owner _____ SSN _____

Address _____ Driver's Lic. No. _____

Phone _____ Date of Birth _____

Home () _____ Work () _____ Mother's Maiden Name _____

- Other _____ See Account Authorization Card

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account** All accounts Designate specific account(s) _____

Beneficiary _____

Address _____

- Payable on Death (POD)/Trust Account** Designate specific account(s) _____

Beneficiary _____

Address _____

FOR CREDIT UNION USE ONLY

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

PIN Request _____ Credit Report _____ Check Verify _____ ATM Card _____