

100 Otis Smith Drive Clarksville, TN 37043 Phone: 931-551-8271 www.gatewaycreditunion.com

Account Card

MEMBER APPLICATION AND OWNERSHIP INFORMATION	Member No:		
Member/Owner:			
Street: SSN/TIN:			
City/State/Zip: Driver's Lic. I	No:		
Cell Phone: Date of Birth			
Work Phone: Password:			
E-mail: Membership	Eligibility:		
Employer:			
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: SSN/TIN:			
Street: Driver's Lic. I	No:		
City/State/Zip: Date of Birth			
Home Phone: Listed Unlisted Password:			
Work Phone: E-mail:			
Joint Owner: SSN/TIN: Street: Driver's Lic. No:			
City/State/Zip: Date of Birth:			
Home Phone: Listed Unlisted Password: Work Phone: E-mail:			
Joint Owner: SSN/TIN:			
Street: Driver's Lic. I			
City/State/Zip: Date of Birth			
Home Phone: Listed Unlisted Password:			
Work Phone: E-mail:			
	B		
Beneficiary/POD Payee: Beneficiary/POD Payee:			
Street: Street:			
City/State/Zip: City/State/Zip:			
Home Phone: Home Phone:			
SSN/TIN: SSN/TIN:			
Date of Birth: Date of Birth:			
Agency Print Name of Agent:			
Signatura			
Signature: Date:			
All Accounts			
└	See Account Authorization Card		
ACCOUNT SERVICES			
Payroll Deduction/Direct Deposit:			
Audio Response:			
Overdraft Protection (Indicate transfer priority.):			
ATM Card: Debit Card:			
PC Access/Internet Banking:			
Other:			

The account(s) listed in the "ACCOUNT TYPE" section is/are held by the custodian(s) named below for(Minor's SSN/TIN) under the Tennessee Uniform Transfers to Minors Act. Custodian 2:	UTMA CUSTODIAL DES	SIGNATION AND INFORMATION		
Indicased Unitorm Transfers to Minors Act. Custodian 2: Name: Name: Address: Address: Phone: DOB: DOB: SSN/TIN: System: DOB: SSN/TIN: SSN/TIN: Prone: DOB: DOB: SSN/TIN: System: SSN/TIN: Surgestor custodian(6) for all accounts listed in the 'ACCOUNT TYPE' section. This designation shall take effect only upon my death, resignation, incapacity or removal. X X Signature of Custodian Date TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION Date 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. (3) If an under shown on this form is my correct taxpayer identification fumber (or I am waiting for a number to be issued) and. (4) If an under shown on this form is my correct taxpayer identification fumber (or I am waiting for a number to be issued), and. (5) If an U.S. Cittor or other U.S. person. If you are: an individual who is a U.S. person if you are: an individual who is a U.S. person if you are: an individual who is a U.S. person if you are: an individual who is a U.S. person if you are: an individual who is a U.S. person if you are: an individual who is a U.S. person if you are: an individua	The account(s) listed in the "ACCOUNT TYPE" section is/are held by the custodian(s) named below for			
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Name:	Tennessee Uniform Transfers to Minors Act.			
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Address:				
DOB:				
DOB:	Phone [.]	Phone:		
Servir Inc. Servir Inc. ITTAA DESIGNATION OF SUCCESSOR CUSTODIAN Pursuant to the Tennessee Uniform Transfers to Minors Act, I hereby designate: successor custodian(s) for all accounts listed in the 'ACCOUNT TYPE' section. This designation shall take effect only upon my death, resignation, incapacity or removal. X X X INCERTIFICATION AND BACKUP WITHHOLDING INFORMATION INCERTIFICATION AND BACKUP WITHHOLDING INFORMATION Under panalties of perjury, I certify that: III CERTIFICATION AND BACKUP WITHHOLDING INFORMATION Under panalties of perjury, I certify that: III CERTIFICATION AND BACKUP WITHHOLDING INFORMATION Under panalties of perjury, I certify that: III CERTIFICATION AND BACKUP WITHHOLDING INFORMATION Under panalties of perjury, I certify that: III CERTIFICATION AND BACKUP WITHHOLDING INFORMATION Under panalties of perjury, I certify that: III CERTIFICATION AND BACKUP WITHHOLDING INFORMATION Under panalties of perjury, I certify that: III CERTIFICATION AND BACKUP WITHHOLDING INFORMATION Under panalties of perjury, I certify that IIII CERTIFICATION AND BACKUP WITHHOLDING INFORMATION Under panalties of perjury, I certify that IIII CERTIFICATION COMPANY, or association created or organized in the orto been notified by the Internat Prevene Service (IRS) that I am subject to backup withholding, and (3) I am a U.S. citizen or U.S. person. For federal tax purposes, you are considered or organized in the United States or under the laws (4) The FATCA code(s) entered on this form (II any) Indicating that I am exempt from FATCA reporting is correct. (correction of the storm (II any) Indicating that I am exempt from FATCA reporting is correct. (correction of serve to certify this section. Exemption from FATCA reporting code (If any) Exemption from FATCA reporting a part of the sectify the law extend from from FATCA repo	DOD	DOB:		
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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. If an access card or EFT service is requested and 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. Signature Date X	I signature does not serve to certify this section			
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