

Your information will be verified for eligibility and as required by the U.S. Patriot Act. Please include a copy of your driver's license. If you have moved in the last 18 months, you should include a copy of the most recent utility bill at your new address.

1. Fill out the following information entirely. Please print your information clearly.
2. Under "How Are You Eligible for Membership?", please indicate if you are a state employee, OSU student/faculty/staff or work for another select employer group. For a complete list of select employer groups, visit www.cuofohio.org and under "Apply for Membership." If you do not fit these categories, but you live, work, worship or attend school in Franklin County, Ohio, please indicate Franklin County. If you're unsure of your eligibility, contact the credit union. Your eligibility will be verified.
3. Please sign and date the card where indicated.
4. Return this card to: Credit Union of Ohio, P.O. Box 165006, Columbus, OH 43216-5006

Primary Owner	PRIMARY OWNER NAME (Last - First - M.I.)		SOCIAL SECURITY #
	PRESENT HOME ADDRESS (Street - City - State - Zip)		
	BIRTH DATE	HOW ARE YOU ELIGIBLE FOR MEMBERSHIP? <i>(see below)</i>	
	EMPLOYED BY (INCLUDE LOCATION):		
	HOME PHONE () () ()	WORK PHONE / EXT. () ()	
	E-MAIL ADDRESS		
DRIVER'S LICENSE # & STATE ISSUED		MOTHER'S MAIDEN NAME	
ATTENTION: YOUR SIGNATURE IS REQUIRED BELOW			
Joint Owner	JOINT OWNER NAME (Last - First - M.I.)		SOCIAL SECURITY #
	PRESENT HOME ADDRESS (Street - City - State - Zip)		
	BIRTH DATE	HOME PHONE () () ()	WORK PHONE / EXT. () ()
	DRIVER'S LICENSE # & STATE ISSUED		MOTHER'S MAIDEN NAME

Service Type: **New Member** **Current Member**

- | | |
|---|--|
| <input checked="" type="checkbox"/> Primary Share Savings <i>(new members only)</i> | <input type="checkbox"/> Share Certificate |
| <input type="checkbox"/> Free Checking <i>(choose one below)</i> | <input type="checkbox"/> Money Market |
| <input type="checkbox"/> Regular <input type="checkbox"/> Bundle, automatic convenience svcs. | <input type="checkbox"/> Christmas Club |
| <input type="checkbox"/> Interest Checking | <input type="checkbox"/> Other _____ |

Service Accessories:

- | | |
|--|---|
| <input type="checkbox"/> Debit/ATM Card or <input type="checkbox"/> ATM only
(4-digit PIN: ____ - ____ - ____ - ____) | <input type="checkbox"/> Payroll Deduction/Direct Deposit
<i>(please fill out appropriate payroll forms)</i> |
| <input type="checkbox"/> Free Phone/Web Access
(4-digit PIN: ____ - ____ - ____ - ____) | <input type="checkbox"/> Other _____ |

Account Designations:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Payable on Death/Trust Account | <input type="checkbox"/> All Accounts | <input type="checkbox"/> Specified Accounts |
| Beneficiary _____ | Beneficiary _____ | |
| Address _____ | Address _____ | |
| City/State/Zip _____ | City/State/Zip _____ | |
| <input type="checkbox"/> UTTMA/UGMA [as custodian for (minor)] _____
under the Uniform Transfers/Gifts to Minors Act.]
Minor's Social Security Number _____ | | |

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SSN/TIN Certification & Backup Withholding Information

- By signing below, under penalties of perjury, I/we 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 to me) 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, 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).

Also by signing below, I/we agree to the terms and conditions of the Membership & Account Agreement, Truth-in-Savings, Rate & Fee Schedule, Funds Availability Policy, and to any amendment Credit Union of Ohio makes, incorporated in the above. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested. I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. I have read and understand both sides of this card.

Primary Owner _____ Date _____
Joint Owner _____ Date _____

SSN/TIN Certification & Backup Withholding Information

Credit Union of Ohio is hereby authorized to recognize any of these signatures subscribed on this application in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with the Credit Union that all sums paid into shares or paid from shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by any of them, and payment to any of them or the survivor shall be valid and discharge the Credit Union from any liability for such payment. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to the Credit Union which shall not affect transactions theretofore made prior to receipt of said written notice.

FOR CREDIT UNION USE ONLY		
Date Entered: _____	Staff Initials: _____	ID Verification: _____

NCUA This credit union is federally insured by the National Credit Union Administration.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. **What this means for you:** When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.