## **ENERGY ONE FEDERAL CREDIT UNION**

## Membership Application/Signature Card for Personal Accounts

Please read carefully the disclosure brochure and fee schedule. Accounts subject to approval per Energy One policy.

Member #

Membership type: Individual I Join	t w/survivorship 🦳 Individual w	/joint ownership w/survivo	orship 🗌 Trust/POI	) (requires addt'l car
Share type (required):	Student (15-24) 🔲 Cash Club	(under 15) Other:	loney Market	rtificate 🕅 Holiday
Checking type: Premier One	1-2-3 Free 🛛 🗍 Fresh Start	Student	Money Mar	ket E-Checking
Applicant				
Last Name, First Name, Middle	Birthdate MM/DD/YYY	Y Social Security # (TIN)	Mother's Mai	den Name
Physical address	City		State ZIP	
Mailing address (if different from physical address)	City		State ZIP	
Home Phone Cell Phone	e Office Phor	ne	Driver's License #	DL State
E-Mail address	Name of qu	Name of qualifying group, employer, or family/household member		
Employer name Occ	cupation Name	Name and address of nearest relative not living with you		
Co-Applicant				
Last Name, First Name, Middl	e Birthdate MM/DD/YYY	Y Social Security # (TIN)	Mother's Mai	den Name
Physical address	City		State ZIP	
Mailing address (if different from physical address)	City		State ZIP	
Home Phone Cell Phone	e Office Phor	ne	Driver's License #	DL State
E-Mail address	Employer name	Occupation	Relationship to prir	nary applicant
Certification Under penalties of perjury, I certify th number to be issued, and; 2. I am not subject to be Internal Revenue Service (IRS) that I am subject to am no longer subject to backup withholding, and; the IRS that you are currently subject to backup transactions, #2 does not apply. Cross out #3 abo The Internal Revenue Service does not require you	ackup withholding because (a) I am exe backup withholding as a result of failu 3. I am a US person (including US resid ithholding because you have failed to r ve and complete a W-8 BEN if you are	empt from backup withholding, are to report all interest or divid dent alien). Instructions Cross report all interest and dividend not a US person.	or (b) I have not been dends, or (c) the IRS ha s out #2 above if you ha s on your tax return. F	notified by the s notified me that I ave been notified by or real estate
Complete to enroll in overdraft protection on a checking account. Indicate which option(s) to use in which order when an overdraft occurs. If funds are not available in option 1, then option 2, then 3 will attempt to cover your overdraft. <i>Please note:</i> Due to federal regulations, this overdraft enrollment does not apply to debit card or <i>ATM withdrawals. A separate opt-in form is required.</i> Transfer funds from my share account. Transfer funds from account #				
Advance funds from a line of credit (upon application and approval; not available in all states).		Applicant requests ATM card Debit card		
By signing below, I/We authorize Energy One to ol Membership and Account Agreement, Truth-in-Sav credit union makes which is incorporated herein. requested herein. If an ATM card or EFT service is Agreement.	vings Rate and Fee Schedule, Funds Av I/We acknowledge receipt of a copy of	vailability Policy Disclosure, if the agreement and disclosures	applicable, and to any s applicable to the acco	amendment the ounts and services
Applicant Signature	Co-Applicant Sign	ature		
Don't forget to include copies of identification doc contact information for your preferred branch at v		t. Find a list of documents as v	vell as Dat	e

Membership Officer