

**UNION PACIFIC OF ARKANSAS  
FEDERAL CREDIT UNION**

P.O. Box 736  
North Little Rock, AR 72115  
Vine - (501) 373-2190  
Pike - (501) 374-2190  
Toll-Free (888) 511-2190

**ACCOUNT CARD**

**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

Member/Owner:

Member No:

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

Individual  Joint Account with Survivorship  Joint Account without Survivorship

Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility:
Employer:	

**ACCOUNT OWNERSHIP**

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

**ACCOUNT DESIGNATIONS**

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:

UTTMA/UGMA (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act)

Minor's SSN/TIN: \_\_\_\_\_

Agency Name of Agent: \_\_\_\_\_ (please print)  
Signature \_\_\_\_\_ (date) \_\_\_\_\_

Other:  See Account Authorization Card

**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 unless the credit union is notified in writing of a change.

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

\*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

**ACCOUNT SERVICES**

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority):

ATM Card:

Debit Card:

PC Access/Internet Banking:

Other:

**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,*

*(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 US. person (including a U.S. resident alien).*

**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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

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

<b>X</b> _____	<b>X</b> _____
Signature	Signature
_____	_____
Date	Date

<b>X</b> _____	<b>X</b> _____
Signature	Signature
_____	_____
Date	Date

**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