

account #: _____

membership & account agreement



<input type="checkbox"/> savings	<input type="checkbox"/> checking	<input type="checkbox"/> holiday club	<input type="checkbox"/> money market
<input type="checkbox"/> travel club	<input type="checkbox"/> escrow	<input type="checkbox"/> other savings	<input type="checkbox"/> IRA

account services	<input type="checkbox"/> ATM/Debit Card	<input type="checkbox"/> Checks
	mailing services <input type="checkbox"/> yes <input type="checkbox"/> no	
	overdraft from <input type="checkbox"/> savings <input type="checkbox"/> checking <input type="checkbox"/> other _____	

personal information

Name: _____
 Social Security Number: _____
 Address: _____
 City, State, Zip: _____
 Birthdate: _____
 email: _____
 Cell: _____
 Work: _____
 Home: _____
 Account Passcode: _____
 Drivers License #: _____
 Employer: _____

joint owner / alternate owner

Name: _____
 Social Security Number: _____
 Address: _____
 City, State, Zip: _____
 Birthdate: _____
 email: _____
 Cell: _____
 Work: _____
 Home: _____
 Account Passcode: _____
 Drivers License #: _____
 Employer: _____

joint owner / altername owner

Name: _____
 Social Security Number: _____
 Address: _____
 City, State, Zip: _____
 Birthdate: _____
 email: _____
 Cell: _____
 Work: _____
 Home: _____
 Account Passcode: _____
 Drivers License #: _____
 Employer: _____

ATM/Debit Card Overdraft opt in opt out

I/We wish to participate in the Overdraft Privilege program offered by WB City Credit Union, including approval and payment of ACH(Automated Clearing House), ATM and Point-of-Sale transactions up to a designated Overdraft Privilege limit. I/We understand that I/we will not have the Overdraft Privilege on the account until I/we receive written confirmation that it has been added to the account.

I/We understand that, for each insufficient transaction, the account will be assessed an overdraft or NSF fee of \$29.00. If an overdraft is created the next deposit will be utilized to bring the account back into a positive balance position. I/We understand that an account must be brought to a positive balance within 30 days or the Overdraft Privilege will be removed from the account. I/We understand that items may not be paid in the order in which they were written and the order in which they clear may result in overdrafts on the account. The items will not be paid or approved if the assigned Overdraft Limit has been exceeded, or if other accounts at Wilkes-Barre City Emp Federal Credit Union are not in good standing.

Account Disclosures

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

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 and Joint Account Disclosure Notice, 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 provided, I/we agree to the terms of 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. By signing below, I/we make application to WB City Credit Union to check my/our credit history for any reason, including verification of this information on this application. I/we understand: I/we will receive all product/service disclosures after my/our application is approved, and that some services require credit approval.

I/we hereby authorize the WB City Credit Union (the Credit Union) to establish this Share Draft Account (if applicable) for me/us. The Credit Union is authorized to pay share drafts by me (or by any of us) and to charge such payments against the shares in this account. I/we here acknowledge that the Credit Union has informed me/us of the following: (1)The Credit Union's policy concerning the hold period placed on funds deposited; (2) The Credit Union's stop payment policies; and (3) The Credit Union's policies concerning it's liens on this share. I also acknowledge that I have read and received a copy of the credit unions Overdraft Protection Program and agree to the conditions.

Primary Owner Signature: _____ date: _____
 Joint Owner Signature: _____ date: _____
 Joint Owner Signature: _____ date: _____

eligibility: WB City Plains Family of _____ membership officer: _____ date: _____
 other: _____