

NEW ORLEANS PORT COMMISSION EMPLOYEES' CREDIT UNION

Account Application

Share Account

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN) Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding
 Exempt

I am not a United States citizen or resident
(complete W-8 Form)

MEMBER APPLICATION INFORMATION

Member:	Account No.:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No.:
Home Phone:	Date of Birth:
Work Phone:	Mother's Maiden Name:
Employment:	
Eligibility for Membership:	

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rule and Fee Schedule, 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.

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit

Other

ACCOUNT OWNERSHIP

Single Party

Multiple Party with Survivorship

Multiple Party without Survivorship

Account Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Phone: Home Work	Mother's Maiden Name

AND/OR

Account Owner:	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Phone: Home Work	Mother's Maiden Name
<input type="checkbox"/> Other	<input type="checkbox"/> See Account Authorization Card

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

All accounts

Designate specific account(s)

Beneficiary:	Beneficiary:
Street:	Street:
City/State/Zip:	City/State/Zip:

Signature Date

Signature Date

Signature Date

Signature Date