



New Account _____ New Suffix _____ Other _____

Account Number _____

BIRMINGHAM CITY CREDIT UNION MEMBERSHIP APPLICATION

_____		_____	_____		_____
First Name	MI	Last Name	Social Security No.	Date of Birth	
_____		_____	_____	_____	_____
Street Address*		City	State	Zip Code	Home Phone
_____		_____	_____	_____	_____
Mailing Address		City	State	Zip Code	
_____		_____	_____	_____	_____
Employer		Occupation	City	State	Work Phone
_____		_____	_____	_____	_____
_____	_____	_____	_____		
Cellular Phone	Membership Eligibility	E-Mail Address			
Identification : _____					
State/Country of Issuance		Number	Issue Date	Expiration Date	
_____		_____	_____	_____	

*Street Address is required:

ACCOUNT SELECTION

Please select each account you wish to open. See reverse side for account agreement. You will receive individual account disclosures for any account you open, or for which you make an inquiry. Upon request, we will mail you the selected disclosures.

Selection	Suffix	Selection	Suffix	Selection	Suffix
<input type="checkbox"/> Share	_____	<input type="checkbox"/> Christmas Club	_____	<input type="checkbox"/> Checking	_____
<input type="checkbox"/> Vacation Club	_____	<input type="checkbox"/> Minors Account	_____	<input type="checkbox"/> Homebanking	_____
				<input type="checkbox"/> VISA Debit	_____

ACCOUNT HOLDER CERTIFICATION

Under penalties of perjury, I 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 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).

You must 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.

By signing below, you hereby apply for membership in Birmingham City Credit Union and agree to conform to its bylaws and any amendments thereto. You authorize the Credit Union to verify employment and credit history by any available source including the use of a credit report. You certify that you are eligible for membership in this Credit Union and that all the information on this application and account agreement is true and correct. You further acknowledge receipt of the Account Agreement, and the applicable disclosures listed below.

Truth in Savings Disclosure/ Electronic Funds Transfer Disclosure/Funds Availability Disclosure Fee Disclosure Privacy Disclosure

Member Signature _____ Date _____

PAYABLE ON DEATH ACCOUNT OWNERSHIP AGREEMENT

By signing below, you are creating a Payable-On-Death Account. The owner(s) including the primary account owner and any named joint owner(s) of the account shall be the only individuals entitled to perform transactions of any type on this account during their lifetime. All amounts paid into the account and any earnings thereon shall be the sole property of the owner(s). Upon the death of the account owner(s), all sums in the account shall be paid to the named beneficiaries pending the right of offset the credit union may have from any statutory or consensual lien for any outstanding debts owed by the owner to Birmingham City Credit Union, its successors and assigns of any kind. Only the owner may pledge all of any part of shares in account as collateral for any loan or loans to the Credit Union and such pledge shall survive after the death of the Owner(s) and shall be superior to any right any beneficiary may have. It is understood and agreed that the beneficiary shall have no ownership rights or the right to Pledge any sum in the account until the death of the Account Owner. Upon the death of the Owner(s), the payment by the Credit Union of all sums in the account to the named Beneficiary shall be valid and discharge the Credit Union from any liability for such payment. It is expressly understood that the Primary Account Owner may revoke any named Beneficiary at any time in writing on the form that we designate.

BENEFICIARY INFORMATION



Name	Mailing Address	Ownership %	Relationship	Birthdate	SS Number

This POD Account Ownership applies to all accounts and subaccounts.

Member Signature _____ Date _____

Joint Account Information

If Your Account is owned jointly, then all funds on deposit are owned by any of the joint Owners with right of survivorship. The joint Owners of the Accounts hereby agree with each other and with Us that all sums, whenever paid into the Accounts by any or all of the joint Owners to the credit of the joint Owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge Us from any liability for such payment. You authorize Us to recognize any of the signatures subscribed in Your application for membership for the payment of funds or the transaction of any business for the Accounts. We can release or pay any amount on deposit in Your Account to any Owner. We can honor checks, withdrawals, orders or requests from any Owner. All Owners are liable to Us for any overdrafts that may occur on Your Account, regardless of whether or not a benefit occurred and checks cashed against any Account are subject to collectability from such Account if returned unpaid. Any Owner may provide Us written notice to freeze funds on deposit and We may, at Our option, honor such written request. If We do, then the Account will remain frozen until We receive subsequent written notice signed by all Owners of the Account as to a disposition of funds on deposit. Any or all of the joint owners may pledge all or any part of the shares in the Accounts as collateral security to a loan or loans and any funds on deposit may be utilized to satisfy any debt or garnishment of any Owner of the Account. The right or authority of the Credit Union under these Agreements and Disclosures shall not be changed or terminated by said owners or any of them except by written notice to Us, which shall not affect transactions made prior to such notice. It is the responsibility of joint account Owners to determine any legal effects of opening and maintaining a joint account.

_____		_____	_____	_____
First Name	MI	Last Name	Social Security No.	Date of Birth
_____		_____	_____	_____
Street Address*		City	State Zip Code	Home Phone
_____		_____	_____	_____
Mailing Address		City	State Zip Code	
_____		_____	_____	_____
Employer	Occupation		City	State Work Phone
_____	_____		_____	_____
Cellular Phone	Membership Eligibility	E-Mail Address		
_____	_____	_____		
Identification : _____				
State/Country of Issuance		Number	Issue Date	Expiration Date
_____		_____	_____	_____

*Street Address is required:

Member Signature _____ Date _____

Joint Member Signature _____ Date _____