DIRECTORS CHOICE CREDIT UNION leading the way
1 South Family Drive
Albany, NY 12205
(800) 593-5920

LOANLINER®

Member Services Request

☐ NEW ☐ UPDATE DATE: _____ **MEMBER NO:** _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person when opening a new account.
What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

MEMBER/OWNER INFORMATION

☐ Update

Member/Owner Name:		SSN/TIN:	
Mailing Address:		ID Type:	
City/State/Zip:		ID Number:	
Physical Address:		ID Issuing State:	ID Issuing Date:
City/State/Zip:		ID Exp. Date:	Date of Birth:
Primary Phone:	☐ Listed ☐ Unlisted	E-Mail:	
Secondary Phone:	☐ Listed ☐ Unlisted	Security Code:	
Employer:		Occupation/Title:	

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

ACCOUNT OWNERSHIP

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

☐ Individual ☐ Joint Account with Rights of Survivorship ☐ Joint Account without Rights of Survivorship

JOINT OWNER/AUTHORIZED SIGNER INFORMATION

☐ Joint Owner ☐ UTMA/UGMA Custodian ☐ Agent ☐ Other Authorized Signer (Describe): _____
See Account Authorization Card
☐ Add ☐ Update ☐ Remove

Name #1:		SSN/TIN:	
Mailing Address:		ID Type:	
City/State/Zip:		ID Number:	
Physical Address:		ID Issuing State:	ID Issuing Date:
City/State/Zip:		ID Exp. Date:	Date of Birth:
Primary Phone:	☐ Listed ☐ Unlisted	E-Mail:	
Secondary Phone:	☐ Listed ☐ Unlisted	Security Code:	
Employer:		Occupation/Title:	

☐ Joint Owner ☐ Agent ☐ Other Authorized Signer (Describe): _____
See Account Authorization Card
☐ Add ☐ Update ☐ Remove

Name #2:		SSN/TIN:	
Mailing Address:		ID Type:	
City/State/Zip:		ID Number:	
Physical Address:		ID Issuing State:	ID Issuing Date:
City/State/Zip:		ID Exp. Date:	Date of Birth:
Primary Phone:	☐ Listed ☐ Unlisted	E-Mail:	
Secondary Phone:	☐ Listed ☐ Unlisted	Security Code:	
Employer:		Occupation/Title:	

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JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)

☐ Joint Owner ☐ Agent ☐ Other Authorized Signer (Describe): _____
See Account Authorization Card

☐ Add ☐ Update ☐ Remove

Name #3: SSN/TIN:

Mailing Address: ID Type:

City/State/Zip: ID Number:

Physical Address: ID Issuing State: ID Issuing Date:

City/State/Zip: ID Exp. Date: Date of Birth:

Primary Phone: ☐ Listed ☐ Unlisted E-Mail:

Secondary Phone: ☐ Listed ☐ Unlisted Security Code:

Employer: Occupation/Title:

ACCOUNT TYPES

☒ Share/Savings: _____ ☐ Add ☐ Remove

☐ Share Draft/Checking: _____ ☐ Add ☐ Remove

☐ Share Certificate/Certificate: _____ ☐ Add ☐ Remove

☐ Money Market: _____ ☐ Add ☐ Remove

☐ Other: _____ ☐ Add ☐ Remove

☐ Other: _____ ☐ Add ☐ Remove

ACCOUNT SERVICES

☐ ATM Card: _____ ☐ Add ☐ Remove

☐ Debit Card: _____ ☐ Add ☐ Remove

☐ Audio Response: N/A ☐ Add ☐ Remove

☐ Internet Banking: _____ ☐ Add ☐ Remove

☐ Mobile Banking: N/A ☐ Add ☐ Remove

☐ Bill Payment: _____ ☐ Add ☐ Remove

☐ Other: _____ ☐ Add ☐ Remove

☐ Overdraft Protection ☐ Update

Indicate transfer priority:

1. _____
2. _____
3. _____
4. _____

ACCOUNT DESIGNATIONS

☐ Payable on Death (POD)/Trust Account ☒ All Accounts ☐ Designate Specific Accounts: _____

☐ Add ☐ Update ☐ Remove

Beneficiary/POD Payee: _____

SSN/TIN: _____ Date of Birth: _____

Street: _____

City/State/Zip: _____

☐ Add ☐ Update ☐ Remove

Beneficiary/POD Payee: _____

SSN/TIN: _____ Date of Birth: _____

Street: _____

City/State/Zip: _____

☐ **UTMA/UGMA**

_____ (as custodian for _____ (minor)

under the Uniform Transfers/Gifts to Minors Act.) Minor's SSN/TIN: _____

☐ **Agency**

Name of Agent: _____

Signature: _____ Date: _____

☐ All Accounts ☐ Designate Specific Accounts: _____

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 (or I am waiting for a number to be issued), 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).

(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. Check the box for 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 checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

AUTHORIZATION

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy 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 the agreements 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 Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

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

Member/Owner	Date	Joint Owner/Authorized Signer	Date
X		**X**	

Joint Owner/Authorized Signer	Date	Joint Owner/Authorized Signer	Date
X		**X**	

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Approved By: _____ Membership Eligibility: _____

Member Verification: _____

Verification List(s) Checked: ☐ OFAC ☐ Other: _____

List Verification Completion Date: _____ By: _____

Reports Checked: ☐ Credit Report ☐ Check Verification Report ☐ Other: _____

Overdraft Protection Opt-in Completion Date: _____