

IMPORTANT INFORMATION: 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 who opens an 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 drivers' license or other identifying documents. The information you provide is protected by our privacy policy and federal law.

Select Your Account:

<input type="checkbox"/> Savings	<input type="checkbox"/> Christmas Club (Max. \$20,000)	<input type="checkbox"/> Vacation Club (Max. \$20,000)	Promo Code _____
<input type="checkbox"/> Money Market	<input type="checkbox"/> Term Share Certificate (Min. \$1,000) Term _____		
<input type="checkbox"/> IRA Share	<input type="checkbox"/> IRA Term Share Certificate (Min. \$500) Term _____		
<input type="checkbox"/> Secure Checking with Overdraft Line of Credit (LOC)	<input type="checkbox"/> Requested LOC amount \$ _____	<input type="checkbox"/> ATM/Debit Card	
	<input type="checkbox"/> I choose to decline an overdraft LOC	<input type="checkbox"/> Issue Checks	
<input type="checkbox"/> Basic Checking with Overdraft Line of Credit (LOC)	<input type="checkbox"/> Requested LOC amount \$ _____	<input type="checkbox"/> ATM/Debit Card	
	<input type="checkbox"/> I choose to decline an overdraft LOC	<input type="checkbox"/> Issue Checks	

Account Signer(s):

Account Ownership: Individual Joint

Primary Member:

Date of Birth: ____/____/____ SSN/TIN: _____ House Hold Income: \$ _____

Signer #2:

Date of Birth: ____/____/____ Secondary Member Joint Tenant Only (non-member) Inquiry Only

Change of Address/Telephone Number: Please check if you are an existing member and your address/phone number has changed. Please complete a new Personal Profile to update your information.

Designation of Transfer on Death Beneficiary: (For additional beneficiaries complete another Account Agreement form)

Beneficiary #1	Relationship:	Percentage:
Address (no P.O. Box)		
City	State	Zip
City	State	Zip
Beneficiary #2	Relationship:	Percentage:
Address (no P.O. Box)		
City	State	Zip
City	State	Zip

Overdraft Protection

Transfer Overdraft Protection (TOP) is an optional service that helps you avoid overdrafts and returned items on your checking account by using the funds from another account for overdraft protection. Subject to the provisions of the Terms and Conditions, if any action taken with regard to your checking account results in the account becoming overdrawn, you can authorize ACCU to make a transfer from another account, in the order specified, together with any related fees by listing the accounts below: (a VISA credit card may not be used for TOP)

1. _____	2. _____	3. _____	4. _____
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W-9 Request for Taxpayer Identification Number and Certification

(Primary member's name and tax identification number will be used for tax reporting)

By signing below, I certify under penalties of perjury that:

(1) the Taxpayer Identification Number (TIN)/Social Security Number shown on this form is my correct TIN; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding (and have written "Exempt" after my TIN on the TIN blank), 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 informed me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien). FATCA reporting does not apply.

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

Primary Member's Signature: _____

Date: ____/____/____

Agreement and Authorization:

By signing below I/we hereby apply for membership with America's Christian Credit Union (ACCU) or certify I/we are existing members and agree that the account(s) and/or services shall be governed by the terms and conditions set forth herein the Credit Union's Disclosure(s), with which I/we have been provided and I/we agree to conform to the bylaws and amendments thereof. I/we authorize ACCU to check my/our credit history, as well as obtain and provide additional credit information to and from others. I/we understand that membership is contingent on satisfactory account verification. I/we understand that joint account owners will have the same privileges as the primary account owner. I/we agree that I/we will have the option of opening additional accounts verbally or electronically unless stated otherwise in writing. Under penalty of perjury, I/we certify that the information provided on this form is true, correct, and complete.

Primary Member: _____

Date: ____/____/____

Joint Signer (if applicable): _____

Date: ____/____/____

This area is for credit union use only.

CIF #	ACCT #	ACCT #	ACCT #
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Approved by	Title	Date: ____/____/____
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Disclosures are provided to the member, in person, when the account is opened or mailed if the member is not present.

Truth in Savings Disclosure Account Security Disclosure Privacy Disclosures Fee Disclosure Courtesy Pay Application

A fee may apply for each debit that is processed. See fee schedule.
For accounts other than America's Christian Credit Union, please attach a copy of voided check (if available)

Select one:

- New Member
 Existing Member

Step 1: Debit From

Other Financial Institution:

Routing #:

Account #:

Amount: \$

 Savings Checking

Step 2: Credit To

Name on Account:

*ACCU Account #:

* For new accounts: This number will be assigned at account opening. Please enter N/A in the required field.

Amount: \$

 Savings Checking TSC Loan Other: _____

Step 3: Signature and Certification

I (we) hereby authorize America's Christian Credit Union (ACCU) to initiate a one-time debit entry to my (our) account indicated above at the depository financial institution named above, hereafter called DEPOSITORY, and to credit the loan/account as designated on this form. I agree to the one-time fee that MAY be charged to process this transaction. , I (we) understand that this deposit/payment is not immediate and will be credited/effective to my account/loan one business day after receipt of this transaction. I (we) understand that there are other options for making this transaction which will not incur a fee, and these options have been discussed with me. I (we) acknowledge that the origination of ACH transactions to/from my (our) account/loan must comply with the provision of U.S. law. I agree to the terms and conditions set forth for my account as contained in ACCU's Terms and Conditions, Electronic Transfers, Funds Availability and Truth-in-savings Disclosure.

Name:

Date: ____/____/____

Signature:

Name:

Date: ____/____/____

Signature:

This area is for credit union use only

Received/Verified By:

Date: ____/____/____

Back Office ACH Set-Up By:

Date: ____/____/____

 OFAC or N/A (ACCU Member)