

New Membership Application

Heartland Community Credit Union, 406A E Bannister Rd Kansas City, MO 64131
Office Number (816) 363-2223 Fax (816) 363-6603

ACCOUNT TYPE:

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

<input type="checkbox"/> Share/Savings	Suffix _____	<input type="checkbox"/> Money Market	Suffix _____
<input type="checkbox"/> Share Draft/Checking	_____	<input type="checkbox"/> Living Trust	_____
<input type="checkbox"/> Share Certificate	_____	<input type="checkbox"/> Other	_____

* The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION:

Member/Owner _____ Member No. _____

Street _____ SSN/TIN _____

City/State/Zip _____ Driver's Lic. No. _____

Home Phone () _____ Date of Birth _____
 Listed Unlisted

Security Code _____

Work Phone () _____ Employment _____

E-mail _____

Eligibility for Membership _____

ACCOUNT SERVICES:

Payroll Deduction/Direct Deposit

ATM Card _____

Overdraft Protection
(Indicate transfer priority below)

Debit Card _____

Audio Response _____

PC Access/Internet Banking _____

Other _____

ACCOUNT OWNERSHIP:

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

Individual

Joint Account with Survivorship

Joint Owner _____ SSN/TIN _____

Street _____ SSN/TIN _____

City/State/Zip _____ Driver's Lic. No. _____

Home Phone () _____ Date of Birth _____

Listed Unlisted Security Code _____

Work Phone () _____ Employment _____

E-mail _____

Joint Owner _____ SSN/TIN _____

Street _____ SSN/TIN _____

City/State/Zip _____ Driver's Lic. No. _____

Home Phone () _____ Date of Birth _____

Listed Unlisted

Security Code _____

Work Phone () _____ Employment _____

E-mail _____

ACCOUNT DESIGNATION:

Payable on Death (POD)/Trust Account All accounts Designated specific account(s)

Beneficiary/POD Payee _____ Beneficiary/POD Payee _____

Street _____ Street _____

City/State/Zip _____ City/State/Zip _____

Agency Print name of Agent _____

Signature _____ (date) _____

All Accounts Designate specific account(s)

Personal Custodian Account (as custodian for _____)

UTTMA/UGMA (as custodian for _____) (minor)

under the Missouri Transfers to Minors Law) Minor's TIN/SSN _____

Other _____ See Account Authorization Card

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership _____ Opened/App'd by _____ Membership Verification _____

Credit Report Check Verify PIN Request

Access Card Audio Response PC Access/Internet Banking

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,*
- (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).*

Certification Instructions. 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

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, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We have received and read the Agreement and Disclosure 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 require to avoid backup withholding.***

X _____ X _____
Signature Date Signature Date

X _____ X _____
Signature Date Signature Date