



9815 E. 81<sup>st</sup> ST.  
 Tulsa, OK 74133  
 P.O. Box 477550  
 Tulsa, OK 74147

## ACCOUNT CARD

**Date:**

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT INCLUDING LOANS and SAFE DEPOSIT BOXES.** 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 driver's license or other identifying documents.

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 TTCU Federal Credit Union is notified in writing of a change

<input type="checkbox"/> Primary Savings (required)	Account:	<input type="checkbox"/> Trust	Name of Trust:
<input type="checkbox"/> Checking	Account:	<input type="checkbox"/> Trust	
<input type="checkbox"/> Money Market	Account:	<input type="checkbox"/> Trust	
<input type="checkbox"/> Secondary Savings	Account:	<input type="checkbox"/> Trust	

<b>Member/Owner:</b>			Member Number:
Street:			Birth Date:
City:	State:	Zip:	SSN/TIN:
Mailing Address:			Driver's License Number:
City:	State:	Zip:	Occupation:
Home Phone:			Place of Employment:
Work Phone:			Eligibility for Membership:
Cell Phone:			Email:

<b>Joint Owner:</b>			Birth Date:
Street:			SSN/TIN:
City:	State:	Zip:	Driver's License Number:
Home Phone:			Occupation:
Work Phone:			Relationship:
Cell Phone:			Email:

<b>Joint Owner:</b>			Birth Date:
Street:			SSN/TIN:
City:	State:	Zip:	Driver's License Number:
Home Phone:			Occupation:
Work Phone:			Relationship:
Cell Phone:			Email:

<b>Joint Owner:</b>			Birth Date:
Street:			SSN/TIN:
City:	State:	Zip:	Driver's License Number:
Home Phone:			Occupation:
Work Phone:			Relationship:
Cell Phone:			Email:

- I request a VISA Check/ATM Card. (You must have a checking account.)
- I request a VISA Check/ATM Card in the joint owners' names.

**Member Number:**

**Date:**

**PAYABLE ON DEATH DESIGNATIONS**

**Payable on Death (POD) beneficiaries are optional. Accounts in the name of a Trust may not have POD beneficiaries. If more than one beneficiary is designated by the account owner, then those beneficiaries have equal rights. Accounts payable to more than one beneficiary are owned jointly without rights of survivorship. The percent to each beneficiary must equal 100% when added together and must be in whole percentages. If you list three beneficiaries, please designate which beneficiary will receive 34% instead of 33%. If you list only one primary beneficiary, you may list a contingent beneficiary or beneficiaries. If you list more than one contingent beneficiary, then those contingent beneficiaries have equal rights. The primary or contingent beneficiary may be an individual, trust, or a non-profit organization. The distribution of the proceeds in a POD account shall be consistent with the provisions of 6 O.S. § 2025 of the Oklahoma Credit Union Act. If there is more than one beneficiary, they must be in equal shares. If there are two or more beneficiaries, there is no need for contingent beneficiaries.**

<b>Beneficiary/POD Payee:</b>			<b>Beneficiary/POD Payee:</b>		
Beneficiary %:			<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Beneficiary %:
SSN:		Birth Date:	SSN:		Birth Date:
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Home Phone:			Home Phone:		
Relationship:			Relationship:		
<b>Beneficiary/POD Payee:</b>			<b>Beneficiary/POD Payee:</b>		
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Beneficiary %:
SSN:		Birth Date:	SSN:		Birth Date:
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Home Phone:			Home Phone:		
Relationship:			Relationship:		

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).

I am not subject to backup withholding because: (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding; (b) the IRS has notified me that I am no longer subject to backup withholding; or (c) I am exempt from backup withholding.

I am subject to backup withholding.

I am a U.S. Citizen or U.S. Person.  I am a non-U.S. person (a W-8 BEN form will need to be completed).

By signing below, I agree with the terms and conditions of the Service Charge and Rate Schedule, Privacy Disclosure and the Membership and Account Agreements which will be mailed to me. The Agreements include the Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement and Disclosure, and Telephone Banking Agreement. I also agree to any amendment TTCU Federal Credit Union ("TTCU") makes from time to time, which are incorporated herein. I authorize TTCU to check my account, credit, and employment history. I authorize TTCU to obtain a credit report on me from third parties, including credit reporting agencies, and use my credit report to verify eligibility for account(s) and for marketing purposes, including but not limited to loan pre-approvals, and in considering whether to offer other credit and services to me. As a term of this Agreement and TTCU membership, I agree to receive autodialed, prerecorded and artificial voice calls and text messages for servicing, marketing and collection purposes, for this account or any other account or relationship, from TTCU at the telephone number(s) provided now or in the future, including any cell phone numbers or contacts that may result in a charge to me. Standard text message and/or calling charges may apply.

If requesting a Visa Check Card I/we have been instructed by TTCU to memorize my Personal Identification Number (PIN), never to write it on my card(s), and never to tell anyone my PIN except people who are authorized to sign on the account, and even then disclosure is at my discretion.

Any funds obtained from Social Security or Veterans Administration may be applied to any negative balance I may have including negative balances as a result of Courtesy Pay or insufficient funds. I understand I may opt out of Courtesy Pay.

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

\_\_\_\_\_  
Member/Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Date

**TTCU USE ONLY**

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_