



**DAYAIR**<sup>SM</sup>  
CREDIT UNION  
a better banking experience.

**MEMBERSHIP CARD**

Account # \_\_\_\_\_

**USA Patriot Act: 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 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.

**Member Application and Information**

Member Name: \_\_\_\_\_ DL#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Eligibility for membership: \_\_\_\_\_ DOB: \_\_\_\_\_

**Joint Owner**

Joint Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ DL#: \_\_\_\_\_

**Joint Owner**

Joint Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ DL#: \_\_\_\_\_

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**Account Designations**

**Payee/Beneficiary:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Payee/Beneficiary:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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**TIN Certification and Backup Withholding**

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN/taxpayer identification number (TIN)) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am a US person     I am subject to backup withholding     Exempt     I am not a US citizen or resident

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**Signatures**

By signing below, you certify that the information on this Account Card is complete, true, and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Account Card for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experiences with you and obtain information from others about your credit history and performance. If you request, the credit union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to the terms of the following Agreements applicable to the Accounts and Services requested.

\*Membership and Account Agreement. You acknowledge receipt of and 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.

\*Electronic Funds Transfer Agreement. If an access card or Electronic Funds Transfer (EFT) Service is requested and provided, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

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

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date