

# Deposit Account Contract • Part 1



**United  
Financial**  
CREDIT UNION

PO Box 618  
Bridgeport, MI 48722  
800-772-8728  
www.unitedfinancialcu.org

**OFFICE  
USE  
ONLY**

Number(s) \_\_\_\_\_ Owner 1 Name \_\_\_\_\_  
\_\_\_\_\_  
DC/ATM \_\_\_\_\_

**ACCOUNT OWNER INFORMATION** (You, the first named owner of the account(s) who can open, change, add and close the account(s)) 1

**Owner 1 Name** \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Mailing Address (if different from physical address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
E-mail \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License - State, Number & Exp. Date \_\_\_\_\_  
Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_ Mother's Maiden Name/Password \_\_\_\_\_

**ACCOUNT(S)**  Savings  Checking  Certificate Account—please send me a receipt/a certificate form 2

**SERVICE(S)**  Debit Card  ATM Card  Virtual Branch  U.S. 24  E-Statements  Net Pay 4  
 Overdraft  S1  L4  Other \_\_\_\_\_ Pay Overdrafts for:  Checks/ACH  Debit Card/ATM Transactions

**MULTIPLE ACCOUNT OWNER(S) INFORMATION** (Additional owner(s) of the account(s) who can open, change, add and close the account(s)) 4

**Owner 2 Name** \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Driver's License - State, Number & Exp. Date \_\_\_\_\_ Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_ Mother's Maiden Name/Pass \_\_\_\_\_

**Owner 3 Name** \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Driver's License - State, Number & Exp. Date \_\_\_\_\_ Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_ Mother's Maiden Name/Pass \_\_\_\_\_

**BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S)** (People or charities to receive the funds held in the account(s) on the death of the final account owner) 5

Beneficiary/POD Payee **1** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Beneficiary/POD Payee **2** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Beneficiary/POD Payee **3** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Beneficiary/POD Payee **5** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_

**TAX INFORMATION CERTIFICATION:** *By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS 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 subject to backup withholding  Exempt  I am not a United States citizen or resident (complete W-8 form)

**ACKNOWLEDGEMENT:** Owner 1 is (or represents) a member, or applies for membership pursuant to United Financial Credit Union's (referred to as "we", "us" & "our") bylaws, policies and this Contract. All owners, agents and information users (referred to as "you" & "your") request the account(s) and services selected on this Part 1 account form, and acknowledge receiving a copy of Part 2 of this Contract, which includes the Funds Availability disclosures, Electronic Fund Transfer disclosures, Privacy Policy and Rate & Fee disclosures. Part 2 of this Contract has been e-mailed to Owner 1 if an address was provided. You promise the information provided in Part 1 is accurate, and that Part 1 has been completed according to your instructions, as confirmed by your signature(s), use of an account or service, or receipt or availability of a statement. You understand an owner may conduct transactions and initiate, open, change, add, close or terminate accounts and services, as explained in Part 2 of this Contract. You agree we may obtain and use credit and account reports to verify your eligibility for accounts and services we offer. You understand this Contract governs all your accounts and services with us, and agree that we may rely exclusively on this Contract and have no obligation to rely on any other documents. You agree we may change this Contract from time to time, and that such changes are binding on you. You understand you may obtain a copy of this Contract from us during business hours (and Part 2 from our website at any time), and may initiate, change, add, close or terminate an account, service or membership at any time according to this Contract. To assure consent to and the legibility and accuracy of this Part 1 account form, you agree that we may require this Part 1 to be notarized or re-completed and re-signed. By signing below, using an account or service, or receipt or availability of a statement, you agree to this Contract (Parts 1 & 2). *The IRS does not require your consent to any provision of this Contract other than the certification required to avoid backup withholding (in Section 6 above).*

Owner 1 Signature \_\_\_\_\_ Owner 2 Signature \_\_\_\_\_ Owner 3 Signature \_\_\_\_\_

I agree to be removed as an owner from the account(s) \_\_\_\_\_

State of \_\_\_\_\_ in the county of \_\_\_\_\_ Notary \_\_\_\_\_

This Contract was signed before me on \_\_\_\_\_ Commission Expires \_\_\_\_\_

by \_\_\_\_\_  
Name(s) of Account Owner(s)

**OFFICE  
USE  
ONLY**

CU Employee Name \_\_\_\_\_ ID Number \_\_\_\_\_ Date \_\_\_\_\_ FICO \_\_\_\_\_  Reviewed  OOPS  
 O  R  A  C