



Checking Account Authorization Form

Name: _____

Account Number: _____

SSN: _____

Work Phone: _____

Authorization: By signing below I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-savings Disclosure, 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 agreements and disclosures 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 Fund Transfers Agreement and Disclosure. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date