



# Account/Member Application

MEMBER APPLICATION AND OWNERSHIP INFORMATION		ACCOUNT CARD
Member/Owner:		Member No:
Street:	SSN/TIN:	
City/State/Zip:	Driver's Lic. No.:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:	
Work Phone:	Password:	
Email:	Membership Eligibility:	
Employer:		
ACCOUNT OWNERSHIP		
Designate the ownership of the accounts and responsibility for the services requested.		
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Rights of Survivorship <input type="checkbox"/> Joint Account without Rights of Survivorship		
Joint Owner:	SSN/TIN:	
Street:	Driver's Lic. No.:	
City/State/Zip:	Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:	
Work Phone:	Email:	
Joint Owner:	SSN/TIN:	
Street:	Driver's Lic. No.:	
City/State/Zip:	Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:	
Work Phone:	Email:	
Joint Owner:	SSN/TIN:	
Street:	Driver's Lic. No.:	
City/State/Zip:	Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:	
Work Phone:	Email:	
Joint Owner:	SSN/TIN:	
Street:	Driver's Lic. No.:	
City/State/Zip:	Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:	
Work Phone:	Email:	
ACCOUNT DESIGNATIONS		
<input type="checkbox"/> Payable on Death (POD)/Trust Account <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts _____		
Beneficiary/POD Payee:	Beneficiary/POD Payee:	
Street:	Street:	
City/State/Zip:	City/State/Zip:	
<input type="checkbox"/> UTMA _____ (as custodian for _____ (minor) under the _____ Uniform Transfers to Minors Act) Minor's SSN/TIN: _____		
<input type="checkbox"/> Agency      Print Name of Agent: _____ Signature: _____      Date: _____ <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts: _____		
<input type="checkbox"/> Other: _____ <input type="checkbox"/> See Account Authorization Card		

Mail or deliver to: 4480 Rosewood Dr • Columbia, SC 29209  
 803.227.5555 • smartcaro.org





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## 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 acknowledge receipt of a copy of 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

### FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership: \_\_\_\_\_ Opened/Approved by: \_\_\_\_\_ Member Verification: \_\_\_\_\_

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking

This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.

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