



1815 Kildaire Farm Rd Cary, NC 27518  
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# Member Services Request

NEW       UPDATE      DATE: 09/15/2023      MEMBER NO: 208443

## 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 when opening a new 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/OWNER INFORMATION

Update

Member/Owner Name: SUE MEMBER	SSN/TIN: 222-22-2222
Mailing Address: 1234 MAIN STREET	ID Type:
City/State/Zip: CARY, NC 27518	ID Number: 123456 NC
Physical Address:	ID Issuing State: NC      ID Issuing Date: 01/01/2022
City/State/Zip:	ID Exp. Date: 01/01/2027      Date of Birth: 06/01/1980
Primary Phone: (910) 577-7333 <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Email:
Secondary Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Employer: HERE	Occupation/Title:

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

## ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.  
 Individual       Joint (G.S. 54-109.58): We  do  do not elect to create the right of survivorship in this account.

We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: (1) the Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have directed that withdrawals require more than one signature; and (2) if we elect to create the right of survivorship in the account, that upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

## JOINT OWNER/AUTHORIZED SIGNER INFORMATION

Joint Owner       UTMA Custodian       Agent       Other Authorized Signer (Describe): \_\_\_\_\_  
 Add       Update       Remove      See Account Authorization Card

Name #1: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Listed       Unlisted      Email: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed       Unlisted      Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Joint Owner       Agent       Other Authorized Signer (Describe): \_\_\_\_\_  
 Add       Update       Remove      See Account Authorization Card

Name #2: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Listed       Unlisted      Email: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed       Unlisted      Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_



**JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)**

Joint Owner     Agent     Other Authorized Signer (Describe): \_\_\_\_\_  
 Add     Update     Remove    See Account Authorization Card

Name #3: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Listed  Unlisted Email: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Listed  Unlisted Security Code: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

**ACCOUNT TYPES**

Share/Savings: \_\_\_\_\_  Add  Remove     Money Market: \_\_\_\_\_  Add  Remove  
 Share Draft/Checking: \_\_\_\_\_  Add  Remove     Other: \_\_\_\_\_  Add  Remove  
 Share Certificate/Certificate: \_\_\_\_\_  Add  Remove     Other: \_\_\_\_\_  Add  Remove

**ACCOUNT SERVICES**

ATM Card: \_\_\_\_\_  Add  Remove     Overdraft Protection     Update  
 Debit Card: \_\_\_\_\_  Add  Remove    Indicate transfer priority:  
 Audio Response: \_\_\_\_\_  Add  Remove    1. \_\_\_\_\_  
 Internet Banking: \_\_\_\_\_  Add  Remove    2. \_\_\_\_\_  
 Mobile Banking: \_\_\_\_\_  Add  Remove    3. \_\_\_\_\_  
 Bill Payment: \_\_\_\_\_  Add  Remove    4. \_\_\_\_\_  
 Other: \_\_\_\_\_  Add  Remove

**ACCOUNT DESIGNATIONS**

**Payable on Death (POD) Account.** I/We understand that by establishing a POD account under the provisions of North Carolina General Statute 54-109.57 that: (1) during my/our lifetime, I/we may withdraw the money in the account; and (2) by written direction to the Credit Union, I/we individually or jointly, may change the beneficiary or beneficiaries; and (3) upon my/our death, the money remaining in the account will belong to the beneficiary or beneficiaries and the money will not be inherited by my/our heirs or be controlled by will.

All Accounts     Designate Specific Accounts: \_\_\_\_\_

Beneficiary/POD Payee: \_\_\_\_\_ Beneficiary/POD Payee: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**UTMA**

\_\_\_\_\_ (as custodian for \_\_\_\_\_ (Minor)  
under the North Carolina Uniform Transfers to Minors Act.)    Minor's SSN/TIN: \_\_\_\_\_

**Personal Agency Account** I/We understand that by establishing a personal agency account under the provisions of N.C.G.S. 54-109.63 that the agent named in the account may (1) sign checks drawn on the account and (2) make deposits into the account. I/We also understand that upon my/our death the money remaining in the account will be controlled by will or inherited by my/our heirs.

Name of Agent: \_\_\_\_\_

Signature	Date
<b>X</b>	

All Accounts     Designate Specific Accounts: \_\_\_\_\_

**Under penalties of perjury, I certify that:**

- (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and*
- (2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- (3) *I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

**Certification Instructions.** Check the box for item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

**AUTHORIZATION**

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy 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 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. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above. If a joint account is requested, I/we agree to the survivorship designation on the "ACCOUNT OWNERSHIP" section.

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

Member/Owner	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

Joint Owner/Authorized Signer	Date
<b>X</b>	

**FOR CREDIT UNION USE ONLY**

Date of Membership: 06/01/2022    Opened/Approved By: \_\_\_\_\_    Membership Eligibility: \_\_\_\_\_

Member Verification: \_\_\_\_\_

Verification List(s) Checked:  OFAC     Other: \_\_\_\_\_

List Verification Completion Date: \_\_\_\_\_    By: \_\_\_\_\_

Reports Checked:  Credit Report     Check Verification Report     Other: \_\_\_\_\_

Overdraft Protection Opt-in Completion Date: \_\_\_\_\_