



**Quaker Oats
Credit Union**

3535 Center Point Rd. NE
Cedar Rapids, IA 52402
(319) 395-7060

MEMBERSHIP ACCOUNT CARD

MEMBER INFORMATION	
Member/Owner Name	Member No.
Street	
City/State/Zip	SSN/TIN
Home Phone	Driver's Lic. No.
Work Phone	Date of Birth
E-mail	Password
Membership Eligibility	Employer

ACCOUNT TYPE	
All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.	
<input type="checkbox"/> Share/Savings:	<input type="checkbox"/> Money Market:
<input type="checkbox"/> Share Draft/Checking:	<input type="checkbox"/> Living Trust:
<input type="checkbox"/> Share Certificate:	<input type="checkbox"/> Other:
* The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.	

ACCOUNT SERVICES	
<input type="checkbox"/> Payroll Deduction/Direct Deposit:	<input type="checkbox"/> ATM Card:
<input type="checkbox"/> Overdraft Protection (indicate transfer priority):	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:	<input type="checkbox"/> Other:
<input type="checkbox"/> Audio Response:	

ACCOUNT OWNERSHIP		
Designate the ownership of the accounts and responsibility for the services requested.		
<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Account with Survivorship	<input type="checkbox"/> Joint Account without Survivorship

JOINT OWNER INFORMATION	
Joint Owner	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone	Employer
Work Phone	E-mail
Joint Owner	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone	Employer
Work Phone	E-mail

ACCOUNT DESIGNATIONS	
<input type="checkbox"/> PAYABLE ON DEATH (POD) / TRUST ACCOUNT	
<input type="checkbox"/> All Accounts	<input type="checkbox"/> Designate specific account(s):
Beneficiary/POD Payee	Beneficiary/POD Payee
Street	Street
City/State/ZIP	City/State/ZIP
<input type="checkbox"/> UTTMA/UGMA	
As custodian for (minor name) (under the Uniform Transfers/Gifts to Minors Act)	Minor's TIN/SSN
<input type="checkbox"/> OTHER	
<input type="checkbox"/> See Account Authorization Card	

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION
<p>Under penalties of perjury, I certify, by my signature below, that: 1) The number shown on this form is my correct taxpayer identification number, 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. person (including a U.S. resident alien).</p> <p style="text-align: center;">(Certification Instructions. Cross out 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 you tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.)</p>

AUTHORIZATION	
<p>By signing below, you agree to conform to the by-laws or any amendments of the Credit Union. You further agree that your accounts will be governed by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable. You acknowledge that you have received a copy of the Agreement and Disclosures applicable to the accounts and services you have requested. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</p>	
<p>X</p> <p>_____</p> <p>Signature Date</p>	<p>X</p> <p>_____</p> <p>Signature Date</p>
<p>X</p> <p>_____</p> <p>Signature Date</p>	<p>X</p> <p>_____</p> <p>Signature Date</p>

FOR CREDIT UNION USE ONLY		
Date of Membership	<input type="checkbox"/> SEE ACCOUNT CHANGE CARD	<input type="checkbox"/> SEE INSURANCE BENEFICIARY CARD
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Opened/App'd by	<input type="checkbox"/> Member Verification
<input type="checkbox"/> Access Card	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Requested
	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking