



<b>MEMBER APPLICATION AND OWNERSHIP INFORMATION</b>		<b>Member No:</b>	
<b>Origination of Account:</b> <input type="checkbox"/> Headquarter <input type="checkbox"/> Branch		<b>Date:</b>	
<b>Member/Owner:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street:		SSN/Tin:	
City/State/Zip:		Driver's Lic. No:	
Home Phone:		Other:	
Work Phone:		Cell Phone:	
E-mail:		Date of Birth:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Mother's Maiden Name:	
Employer:		Occupation:	
<b>ACCOUNT OWNERSHIP</b>			
<b>JOINT OWNER</b>			
Name:		Mother's Maiden Name:	
Street:		City/State/Zip:	
Date of Birth:		Marital Status:	
Driver's Lic. No:	SSN/Tin:	Other:	
Home Phone:		Work Phone:	
Cell Phone:		E-mail:	
Occupation:		Employer:	
<b>JOINT OWNER</b>			
Name:		Mother's Maiden Name:	
Street:		City/State/Zip:	
Date of Birth:		Marital Status:	
Driver's Lic. No:	SSN/Tin:	Other:	
Home Phone:		Work Phone:	
Cell Phone:		E-mail:	
Occupation:		Employer:	
<b>ACCOUNT DESIGNATIONS</b>			
<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:	
Percentage:		Percentage:	
Contact No:		Contact No:	
<p>As my (our) Beneficiary(ies), to receive any and all sums of money that may become due and payable to me (us) at the time of my (our) death by the said Credit Union. I/We hereby, reserve the right to change the Beneficiary(ies) herein designated. The execution by a subsequent Designation of Beneficiary Form shall constitute a change of beneficiary(ies).</p> <p>According to the BY-LAWS of the ST. KITTS CO-OPERATIVE CREDIT UNION LTD. Amended 22 May 2003 ARTICLE VIII- SHARES SECTION 24 # (3):  Notwithstanding the provisions of the By-Laws 16 (3) and 23 (1), a member shall pay contributions to the value of at least twenty (20) common shares within the first twelve (12) months of membership. The time may be extended in special cases by the Board, with conditions as necessary.</p>			
<b>ACCOUNT TYPE/SERVICES</b>			
All the terms, conditions, form of account ownership, account selection and other information indicated on this CARD apply to all of the accounts listed unless the Credit Union is notified in writing of a change.			



**CO-OPERATIVE  
UNION LTD.**

- |  |  |
|--|--|
| <input type="checkbox"/> Share/Savings:                  | <input type="checkbox"/> Share/Christmas Savings:        |
| <input type="checkbox"/> Share Draft/Checking:           | <input type="checkbox"/> Share/Golden Achievers Savings: |
| <input type="checkbox"/> Shares Certificate/Certificate: | <input type="checkbox"/> Share/Vacation Savings:         |
| <input type="checkbox"/> Share/Us Savings:               | <input type="checkbox"/> Other:                          |
| <input type="checkbox"/> Share/Family Indemnity Plan     |  |

**The Account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.**

Payroll Deduction/Direct Deposit:

ATM Card:

Debit Card:

PC Access/Internet Banking:

Other:

1. What is your usual deposit amount? \_\_\_\_\_

- Daily     Weekly     Bi-weekly     Monthly

2. What is the source of your income?

\_\_\_\_\_

**AUTHORIZATION**

**By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Trust in Funds 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.**

..... Signature	..... Date	..... Signature	..... Date
..... Signature	..... Date	..... Signature	..... Date

**FOR CREDIT UNION USE ONLY**

Date Open:	Prepared By:	Checked By:	Authorized By:	Verified By:	Audited By:
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