

ACCOUNT CARD

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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, who opens an account.

What this means to you: When you open an account, we 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.

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 unless the Credit Union is notified in writing of a change.

<input type="checkbox"/> Share/Savings: _____	Suffix	<input type="checkbox"/> Money Market: _____	Suffix
<input type="checkbox"/> Share Draft/Checking: _____		<input type="checkbox"/> Living Trust: _____	
<input type="checkbox"/> Share Certificate/Certificate: _____		<input type="checkbox"/> Other: _____	

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed below. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER IDENTITY INFORMATION

Please attach a copy of your Military ID, Driver's License, and proof of address

Member/Owner: _____	Date of Birth: _____	Member No: _____
Mailing Address: _____	City/State/Zip: _____	
<input type="checkbox"/> SSN/TIN: _____	Driver's Lic. No: _____	
<input type="checkbox"/> Residence	Physical Address _____	
<input type="checkbox"/> Business	(if different than address given above) _____	
Occupation (for individual): _____	Employer: _____	
Nature of Business (for business): _____		
Eligibility for Membership: _____	E-mail: _____	
Home Phone: () _____	Work Phone: _____	
Cell Phone: () _____	Password: _____	

ACCOUNT OWNERSHIP

Joint Owner: _____	SSN/TIN: _____
Street: _____	Driver's Lic. No: _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: () _____	Relationship: _____
Work Phone: () _____	E-mail: _____

Joint Owner: _____	SSN/TIN: _____
Street: _____	Driver's Lic. No: _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: () _____	Relationship: _____
Work Phone: () _____	E-mail: _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

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 Louisiana Uniform Transfers to Minors Act) Minor's SSN/TIN: _____

Agency Print Name of Agent: _____
Signature: _____ Date: _____

All Accounts Designate Specific Accounts: _____

Other: _____ See Account Authorization Card

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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. 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 your tax return. 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) _____
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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. You authorize us to check your account, credit and employment history, and obtain reports from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services you request. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

PRIVACY ACT WAIVER

I hereby authorize the United States Government and any Military Authority thereof with which I am presently or may later become affiliated, to release to NAS JRB CREDIT UNION any and all information the said Credit Union may require concerning my home address, telephone number, or any other information which might reasonably assist the Credit Union in locating my whereabouts after separation from the Military Service for any reason. This data is for the sole use of NAS JRB CREDIT UNION to transfer financial business. I hereby waive all rights that I may have under the Privacy Act of 1974, along with any amendments or supplements thereto, to the release of the above information, hereby consenting to the release of the information to the Credit Union to the full extent permitted by law.

X	X
Signature (Primary) _____	Signature (Joint Owner) _____
Date _____	Date _____

X	X
Signature (Minor) _____	Signature (Joint Owner) _____
Date _____	Date _____

CREDIT UNION USE ONLY

Credit Report	OFAC
E-Funds/Chexsystem	Reg E (Opt in/out) Form
Check Order	Debit Card Order Form
Online Banking Access/PAT	Shared Branching
Sponsorship Form	Referral Form
MICR Setup	Overdraft Protection
Copies of Identification Cards	Copies and Verification of Social Security
Address Verification	E-Statements
Direct Deposit Form	Consent to Contact Form
Member Privilege	Sharedraft Account Type Selection

Opened by: _____ Date: _____ Verified/Audited by: _____ Date: _____



400 RUSSELL AVE BLDG 509
NEW ORLEANS, LA 70143
(FAX) 504-678-3901
EMAIL: askus@nasjrbcu.org

Hello Membership! We are very excited to present you with even more opportunities to utilize our services! You can select the checking account that best fits your everyday needs! Here is a description of those accounts:

FREEDOM CHECKING:

- *Non-interest bearing
- *No monthly service fee
- *No minimum balance
- *Unlimited check writing
- *Free Visa check card
- *Member Privilege
- *Free Online Banking
- *Free E-Statements
- *Bill Pay

PATRIOTIC CHECKING:

- *Must be 55 or over
- *No minimum balance
- *No monthly service fee
- *Earns dividend (one flat rate)
- *Free Visa check card
- *Member Privilege
- *Free Online Banking
- *Free E-Statements
- *Bill Pay
- *1 free box of checks annually

UNITED CHECKING:

- *Interest bearing
- *If no minimum balance and/or direct deposit, then account will incur a monthly service fee of \$3.00
- *Minimum balance of \$250
- *Unlimited check writing
- *Free Visa check card
- *Member Privilege
- *Free Online Banking
- *Free E-Statements
- *Bill Pay

Please select an account from above and return this form to us as soon as possible. Please feel free to contact the credit union if you have any questions! You can mail, fax, email or drop off your form to us.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

ACCOUNT(S) #: _____

What You Need to Know about Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

➤ **What are the standard overdraft practices that come with my account?**

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- Everyday debit card transactions

We pay ACH, checks, and drafts from lowest to highest in the best interest of the member.

If we do not authorize and pay an overdraft, your transaction will be declined.

➤ **What fees will I be charged if NAS JRB Credit Union pays my overdraft?**

Under our standard overdraft practices:

- We will charge you a fee of up to **\$28** each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

➤ **What if I want NAS JRB Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?**

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, complete the form below and mail it to the address below or fax it to 504-678-3901 or e-mail to askus@nasjrbcu.org

NAS JRB Credit Union
400 Russell Ave. Bldg# 509
New Orleans, LA 70143

.....
 I do not want NAS JRB Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

I want NAS JRB Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Printed Name: _____

Signature: _____

Date: _____

[Account Number(s)]: _____

Should you change your mind and decide you no longer want us to continue to authorize and pay overdrafts on your ATM and everyday debit card transactions, you may revoke your authorization at any time by contacting us either in person, by mail, or by phone.



NAS JRB CREDIT UNION ACCOUNT SPONSORSHIP

Sponsor Name

Date

Sponsor Signature

Account number

Check one box in relation to person being sponsored

<input type="checkbox"/>	SPOUSE	<input type="checkbox"/>	GRANDPARENT
<input type="checkbox"/>	PARENT	<input type="checkbox"/>	GRANDCHILD
<input type="checkbox"/>	SON	<input type="checkbox"/>	SISTER/IN LAW/STEP
<input type="checkbox"/>	DAUGHTER	<input type="checkbox"/>	BROTHER/IN LAW/STEP
<input type="checkbox"/>	BROTHER		
<input type="checkbox"/>	SISTER		

Sponsored Name

Date

Sponsored Signature

CONSENT TO CONTACT

By signing below, you authorize NAS JRB Credit Union Federal Credit Union to contact you at the telephone numbers provided below with advertising and telemarketing calls and text messages using an automatic telephone dialing system, including artificial/pre-recorded voice messages.

	Consent	Decline
Via both telephone and text message	<input type="checkbox"/>	<input type="checkbox"/>
Via telephone only	<input type="checkbox"/>	<input type="checkbox"/>
Via text message only	<input type="checkbox"/>	<input type="checkbox"/>

Contact Information:

Member Account Number

Member Name

Joint Member Name

Address

Cell Phone Number

Home Phone Number

Work Phone Number

Signature

Date

Signature

Date

You are not required to provide your consent as a condition of your membership and you may withdraw this consent provided herein at any time by providing written notice to us at _____, by email to _____ or at any of our branch locations.