



Account Signature Card

Individual Account Owner Information										
Last Name			First Name			Middle		Social Security # /Tax ID #		
Street Address				Apt #	City			State		Zip Code
Mailing Address (if other than physical)				Apt #	City			State		Zip Code
Employer			Primary Trade			Position Held			Work Phone	
Date of Birth		Mother's Maiden Name			Secure Word / Code (16 character max)*			International Transactions?		How Often?
						Y				
						N				
Home Phone			Other Phone			email address				
Nearest relative not living with you				Relationship			Home Phone		Other Phone	
Emergency Contact				Relationship			Home Phone		Other Phone	

Additional account Owner information (if applicable)										
Last Name			First Name			Middle		Social Security # /Tax ID #		
Street Address				Apt #	City			State		Zip Code
Employer			Primary Trade			Position Held			Work Phone	
Home Phone		Other Phone		Date of Birth		Relationship		International Transactions?		How Often?
								Y		
								N		

Additional account Owner information (if applicable)										
Last Name			First Name			Middle		Social Security # /Tax ID #		
Street Address				Apt #	City			State		Zip Code
Employer			Primary Trade			Position Held			Work Phone	
Home Phone		Other Phone		Date of Birth		Relationship		International Transactions?		How Often?
								Y		
								N		

Designation of Beneficiary of Pay on Death (POD) Payees										
Payee #1 Last Name			First Name			Middle		Date of Birth		Social Security # /Tax ID #
Mailing Address				Apt #	City			State	Zip Code	Phone
Payee #2 Last Name			First Name			Middle		Date of Birth		Social Security # /Tax ID #
Mailing Address				Apt #	City			State	Zip Code	Phone

Important Information - Read Before Signing									
By signing this document I/we certify:									
1. The information provided in this application is accurate and true. 2. Agreement to the terms and conditions outlined in the Important Account Information For Our Members disclosure and any other material pertaining to the account. 3. Permission to use information provided in this application for member identification purposes as the credit union deems necessary. 4. Authorization to obtain credit bureau information for credit union marketing, pre-approval, and/or collection purposes. 5. The credit union is under no obligation to pay a share draft that exceeds the fully paid and collected share balance in this account. The credit union may, however, pay such share draft and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, or from any other regular share account from which any of the undersigned is then eligible to withdraw shares.									
*By indicating a Secure Word/Code, I/we understand that WestStar Credit Union may use this information for the purpose of identifying account ownership especially for email and telephone transactions.									
I choose to receive the Important Account Information for our Members disclosure and Electronic Fund Transfers disclosure (each contains important information regarding credit union products, services, and account holder(s) legal rights) <input type="checkbox"/> Via Paper <input type="checkbox"/> Via Electronic Means									

Account Owner(s) Signatures and substitute Form W-9									
Under penalties of perjury, I certify that the Taxpayer Identification Number (TIN) I have given you is correct, and that I am NOT subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. person. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.									
Signature of Individual Owner							Date		
Additional Owner Signature				Date		Additional Owner Signature			Date

FOR CREDIT UNION USE ONLY										
Checking	VCC	Account #		Membership Qualifications			Book Code	Membership Officer Signature		
ATM	Checks	Primary Owner DL# / ID#		State	Expiration Date	Secondary ID		Deluxe Detect Record(s)		
OFAC	Additional Owner DL# / ID#		State	Expiration Date	Secondary ID		Deluxe Detect Record(s)			
ID Pass P		Additional Owner DL# / ID#		State	Expiration Date	Secondary ID		Deluxe Detect Record(s)		
ID Pass J	ID Pass J	TID	Date		Notes:					