



P.O. Box 51700  
Livonia, MI 48151-5700

**APPLICATION FOR ADDITIONAL ACCOUNTS**

Member Number:	Account Number:
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<input type="checkbox"/> <b>Free Checking</b> <input type="checkbox"/> <b>Basic Checking</b> <input type="checkbox"/> <b>Dividend Checking</b>	<input type="checkbox"/> <b>Overdraft Protection Plan on Checking Account</b> - Link Membership Savings, Secondary Savings, and/or Overdraft Line of Credit (if applicable) to checking account to cover overdraft transactions. Fees for this service are disclosed in the Schedule of Fees. Please indicate transfer priority below: <table border="1" style="width:100%"> <tr><td>1.</td><td>Overdraft Line of Credit Loan (LOD) – if applicable</td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> </table>	1.	Overdraft Line of Credit Loan (LOD) – if applicable	2.		3.	
1.	Overdraft Line of Credit Loan (LOD) – if applicable						
2.							
3.							

<input type="checkbox"/> <b>VISA Debit Card (w/Checking Account Only)</b> <input type="checkbox"/> <b>ATM Card</b> <input type="checkbox"/> <b>Telephone Banking</b> <input type="checkbox"/> <b>e-Statements</b> <input type="checkbox"/> Primary Owner <input type="checkbox"/> Joint Owner You are requesting the convenience of 24-hour access to your Credit Union account (s) and a Personal Identification Number (PIN) and you agree to the terms and conditions of the EFT/ATM agreement provided.
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<input type="checkbox"/> Secondary Savings Account <input type="checkbox"/> Money Market (initial deposit of \$5000.00) <input type="checkbox"/> Ultra Savings Account (initial deposit of \$25,000.00) <input type="checkbox"/> Vacation Club Account <input type="checkbox"/> Christmas Club Account	<input type="checkbox"/> High Yield (initial deposit of \$2500.00) Interest to be paid monthly to: <input type="checkbox"/> Mail Check to Account Holder <input type="checkbox"/> Credit to High Yield Account <input type="checkbox"/> Credit to Savings Account #
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**PLEASE IMPRINT MY CHECKS WITH THE FOLLOWING INFORMATION**

Name (Please Print)	Joint Owner's Name
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Address	Apt #	City	State	Zip	Telephone (Optional)
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**THE FOLLOWING INDIVIDUAL(S) IS/ARE JOINT OWNERS WITH RIGHTS TO SURVIVORSHIP ON THESE SERVICES.**

<input type="checkbox"/> Secondary Savings <input type="checkbox"/> Checking <input type="checkbox"/> High Yield <input type="checkbox"/> Money Market <input type="checkbox"/> Ultra Savings <input type="checkbox"/> Vacation Club <input type="checkbox"/> Christmas Club	First Name	Middle	Last	Date of Birth
	Address		Apt#	Email
	City		State	Zip
	Social Security No.	Driver's License / State ID No.		Home/Landline Phone:      Mobile Phone:
	Employer:		Occupation/Job Title:      Work Phone:	

**THE FOLLOWING INDIVIDUAL(S) IS/ARE JOINT OWNERS WITH RIGHTS TO SURVIVORSHIP ON THESE SERVICES.**

<input type="checkbox"/> Secondary Savings <input type="checkbox"/> Checking <input type="checkbox"/> High Yield <input type="checkbox"/> Money Market <input type="checkbox"/> Ultra Savings <input type="checkbox"/> Vacation Club <input type="checkbox"/> Christmas Club	First Name	Middle	Last	Date of Birth
	Address		Apt#	Email
	City		State	Zip
	Social Security No.	Driver's License / State ID No.		Home/Landline Phone:      Mobile Phone:
	Employer:		Occupation/Job Title:      Work Phone:	

**DESIGNATION OF BENEFICIARY ACCOUNTS**

<input type="checkbox"/> Secondary Savings <input type="checkbox"/> Checking <input type="checkbox"/> Ultra Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Vacation Club <input type="checkbox"/> High Yield <input type="checkbox"/> Christmas Club	Beneficiary Name	Social Security Number
	Relationship	Date of Birth

Beneficiary Address	City	State	Zip	Phone
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<input type="checkbox"/> Secondary Savings <input type="checkbox"/> Checking <input type="checkbox"/> Ultra Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Vacation Club <input type="checkbox"/> High Yield <input type="checkbox"/> Christmas Club	Beneficiary Name	Social Security Number
	Relationship	Date of Birth

Beneficiary Address	City	State	Zip	Phone
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If more than one (1) person designated as beneficiary is living at the time of the death of the account owner, or at the time of the death of the last surviving account owner if there was more than one (1) designated owner, the account shall be divided equally among the beneficiaries still living at that time. There shall be no rights of joint ownership among living beneficiaries and each shall only be entitled to his or her equal share.

**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.** 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) _____
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**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 Application for Additional Accounts, and are subject to the terms and conditions of the applicable disclosures noted above.

I/we authorize Zeal Credit Union to obtain consumer reports for the purposes of evaluating this membership application and reviewing any Zeal Credit Union accounts I/we open. I/we understand these reports may be used in decisions to deny deposit account applications, close deposit accounts, and/or restrict deposit accounts or services.

I/we also authorize Zeal Credit Union to obtain a consumer credit report to evaluate my/our creditworthiness so that I/we may be considered for Zeal Credit Union credit products and services. I/we understand these reports will not be used to evaluate my/our membership eligibility for deposit accounts and/or services.

*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>	

**FOR CREDIT UNION USE ONLY**

Date of Membership: \_\_\_\_\_ 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: \_\_\_\_\_