

**UNITED SA FEDERAL CREDIT UNION
ACCOUNT SIGNATURE CARD**

PLEASE TYPE

PRIMARY MEMBER NAME	ACCOUNT NUMBER
JOINT OWNER NAME	FIELD OF MEMBERSHIP
JOINT OWNER NAME	RELATIONSHIP/NAME/ACCOUNT NUMBER

I/We select the following account option(s). Descriptions of these options can be found in the UNITED SA FCU Membership & Account Agreement.

Individual Payable on Death Savings Add/Chg. Joint Name Change
 Joint with Right of Survivorship (Dual) Checking Add/Chg. POD Former
 Other _____ Money Market Delete Joint Owner _____

OVERDRAFT OPTIONS			
Overdraft Protection - From Account		Overdraft Privilege*	
Savings		Yes	
Line of Credit		No	

*Overdraft Privilege is not available until 60 days after account opening - refer to membership & account agreement for details

_____ I authorize the above overdraft protection and overdraft privilege options on my account.
Initial _____

Non-resident alien (complete W-8BEN) Initial _____

Non-resident alien with ITIN Initial _____

I/We hereby make application for membership in UNITED SA Federal Credit Union (United SA FCU) and subscribe for at least one share. I/We promise and agree to conform to its By-Laws and to the terms and conditions of the UNITED SA FCU Membership & Account Agreement which I/We have acknowledged we have received and agree to read.
Initial _____

I/We hereby request UNITED SA FCU to establish a Share Draft Account. I/we have acknowledged we have received and agree to read and conform to the terms and conditions of the UNITED SA FCU Membership & Account Agreement.
Initial _____

I/We hereby request UNITED SA FCU to establish a Money Market Account. I/We have acknowledged we have received and agree to read and conform to the terms and conditions of the UNITED SA FCU Membership & Account Agreement.
Initial _____

Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number and that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and that I am a U.S. Citizen (including a U.S. resident alien).
Initial _____

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

PRIMARY MEMBER SIGNATURE	DATE
THIS ACCOUNT IS TRANSFERABLE ONLY ON THE BOOKS OF OR WITH THE PERMISSION OF UNITED SA FCU.	
PRIMARY MEMBER SIGNATURE	DATE
JOINT OWNER SIGNATURE	DATE
JOINT OWNER SIGNATURE	DATE

How do you qualify for membership? (required) Check One:

Live Work Worship Attend School in Bexar County
 Family Member _____
Relative's Name/Relationship

PLEASE PRINT

1. Primary Member Name:

ADDRESS	HOME PHONE
CITY, STATE, ZIP	

EMAIL ADDRESS

DATE OF BIRTH	SEX	DRIVER'S LIC.#:
SSN	CELL PHONE	
PLACE OF EMPLOYMENT	BUSINESS PHONE	

2. Joint Owner Name:

ADDRESS	HOME PHONE
CITY, STATE, ZIP	

DATE OF BIRTH	SEX	DRIVER'S LIC.#:
SSN	CELL PHONE	
PLACE OF EMPLOYMENT	BUSINESS PHONE	

3. Joint Owner Name:

ADDRESS	HOME PHONE
CITY, STATE, ZIP	

DATE OF BIRTH	SEX	DRIVER'S LIC.#:
SSN	CELL PHONE	
PLACE OF EMPLOYMENT	BUSINESS PHONE	

4. Individual - Payable on Death (POD) Name:

Name	SSN	DOB	
Name	SSN	DOB	
Name	SSN	DOB	
Opened By:	Audited By:	Office	Date