



MEMBERSHIP APPLICATION & ACCOUNT AGREEMENT

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN AND AGREE TO CONFORM TO THE BY-LAWS (AS AMENDED)
OF THE **BUTTE FEDERAL CREDIT UNION.**

ACKNOWLEDGEMENT OF RECEIPT AND ACCEPTANCE OF TRUTH-IN-SAVINGS DISCLOSURE

By signing below, I acknowledge that I have received a copy of the Credit Union's Truth-in-Savings Disclosure ("Disclosure") and that I have received a copy of the current Rate and Fee Schedule. All the terms, conditions and information contained in the Disclosure and any amendments or addendums thereto are by this reference incorporated in their entirety into this membership application and account agreement (Application). I authorize the Credit Union to obtain credit reports in connection with this account and any future services provided by the Credit Union as permitted by law. I agree to be bound by the terms and conditions of the Disclosure and Application. I understand that the Credit Union may verify all information I have given on the Application.

X _____ **X** _____ **X** _____
MEMBER SIGNATURE DATE JOINT OWNER SIGNATURE DATE JOINT OWNER SIGNATURE DATE

MEMBER INFORMATION

MEMBER NAME (PLEASE PRINT) _____ SOCIAL SEC. NO. _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
() _____ () _____ () _____
HOME PHONE BUSINESS PHONE CELL PHONE E-MAIL ADDRESS _____
DRIVER LICENSE#/IDENTIFICATION# (EXP. DATE) _____ EMPLOYER _____
DATE OF BIRTH _____ MOTHER'S MAIDEN NAME _____

JOINT OWNER INFORMATION

MEMBER NAME (PLEASE PRINT) _____ SOCIAL SEC. NO. _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
() _____ () _____ () _____
HOME PHONE BUSINESS PHONE CELL PHONE E-MAIL ADDRESS _____
DRIVER LICENSE#/IDENTIFICATION# (EXP. DATE) _____ EMPLOYER _____
DATE OF BIRTH _____ MOTHER'S MAIDEN NAME _____

JOINT OWNER INFORMATION

MEMBER NAME (PLEASE PRINT) _____ SOCIAL SEC. NO. _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
() _____ () _____ () _____
HOME PHONE BUSINESS PHONE CELL PHONE E-MAIL ADDRESS _____
DRIVER LICENSE#/IDENTIFICATION# (EXP. DATE) _____ EMPLOYER _____
DATE OF BIRTH _____ MOTHER'S MAIDEN NAME _____

PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NO.:

Name

PART I. Taxpayer Identification Number (TIN). Enter your TIN in the box below. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I on the separate instruction sheet.** For other entities, it is your employer identification number (EIN). If you do not have this number, see Instructions **How to get a TIN.**
NOTE: If the account is in more than one name, see the chart on the separate instruction sheet.

Social Security No. or Employer I.D. Number:

PART II. Certification. Under penalties of perjury I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- 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**
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See instructions on the separate instruction sheet)

Signature: X _____ Date: _____
(Signature of the person whose TIN is stated above)

