

Credit Union Use Only – Do not write in this area!

Last Name _____ First _____ Initial _____
Account # _____ Primary Amendment Update
Reason _____

Alliance Credit Union – Master Membership and Account Card

This is a permanent record. Please complete it carefully in black ink only.

Federal Law requires us to collect and verify name, address, social security number and date of birth.

PRIMARY MEMBER - PRINT NAME		HOME TELEPHONE
RESIDENCE ADDRESS (PHYSICAL STREET ADDRESS REQUIRED)		WORK TELEPHONE
CITY, STATE, ZIP		BIRTH DATE
MAILING ADDRESS (ONLY IF DIFFERENT FROM PHYSICAL ADDRESS)		
SOCIAL SECURITY/TAXPAYER ID #	DRIVER'S LIC./OTHER ID #	TODAY'S DATE
EMPLOYER	E-MAIL ADDRESS	MOTHER'S MAIDEN NAME

I/we agree to all terms and conditions as stated on this Master Membership and Account Card.

MEMBERSHIP OPTIONS (check one of the following options)

1 **SINGLE PARTY ACCOUNT.** There will be no joint owners. If I do not designate any beneficiaries, proceeds of this account will pass to my estate at my death.

2 **JOINT OWNERSHIP ACCOUNT.** There will be one or more joint owners. The primary member and all joint owners are joint and equal owners of all funds with right of survivorship. Each owner, acting alone or together, can withdraw all funds from the account. Withdrawal by one owner terminates the other owner's rights to the funds. The Credit Union cannot honor multiple signature requirements. Upon the death of one owner, the remaining owners will own account proceeds. Upon the death of the last owner, account proceeds will pass to any named beneficiaries, or if none are named, to the last owner's estate.

Statements will be mailed to the Primary Member's address.

Primary Member X _____
Member's signature

Joint Owner #1 X _____
Joint Owner #1 - Signature Print name

Residence Address (Physical street address required)

Joint Owner #1 - Date of Birth _____
Joint Owner #1 - Drivers Lic./Other ID# _____
Joint Owner #1 - Social Security/Taxpayer ID # _____


Joint Owner #2 X _____
Joint Owner #2 - Signature Print name

Residence Address (Physical street address required)


Joint Owner #2 - Date of Birth _____
Joint Owner #2 - Drivers Lic./Other ID# _____
Joint Owner #2 - Social Security/Taxpayer ID # _____


BENEFICIARY DESIGNATION. Beneficiaries will receive proceeds in equal shares unless another percentage is indicated.


Name _____	Relationship _____	Date of birth _____
Address _____	City/State/Zip _____	% _____
Name _____	Relationship _____	Date of birth _____
Address _____	City/State/Zip _____	% _____

Start Membership Application here 

Designate either single or joint account

Primary Member signature 

Joint owner signature 

Joint owner signature 

Designation of beneficiaries