



L.E.O. CREDIT UNION, INC
 P.O. Box 937
 155 Freedom Road
 Painesville, OH 44077
 (440) 347-3891 • Fax: (440) 347-3897
 www.leocu.org



ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION	
Member/Owner:	Member No: _____
Street:	SSN/TIN: _____
City/State/Zip:	Driver's Lic. No: _____
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth: _____
Work Phone: _____	Password: _____
E-mail: _____	Membership Eligibility: _____
Employer: _____	
ACCOUNT OWNERSHIP	
Designate the ownership of the accounts and responsibility for the services requested.	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Rights of Survivorship <input type="checkbox"/> Joint Account without Rights of Survivorship	
Joint Owner:	SSN/TIN: _____
Street:	Driver's Lic. No: _____
City/State/Zip:	Date of Birth: _____
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password: _____
Work Phone: _____	E-mail: _____
Joint Owner:	SSN/TIN: _____
Street:	Driver's Lic. No: _____
City/State/Zip:	Date of Birth: _____
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password: _____
Work Phone: _____	E-mail: _____
Joint Owner:	SSN/TIN: _____
Street:	Driver's Lic. No: _____
City/State/Zip:	Date of Birth: _____
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password: _____
Work Phone: _____	E-mail: _____
ACCOUNT DESIGNATIONS	
<input type="checkbox"/> Payable on Death (POD)/Trust Account <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts _____	
Beneficiary/POD Payee:	Beneficiary/POD Payee: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
<input type="checkbox"/> UTMA/UGMA (as custodian for Minors Act)	(minor) under the Uniform Transfers/Gifts to
Minor's SSN/TIN: _____	
<input type="checkbox"/> Agency Print Name of Agent: _____	Date: _____
Signature _____	
<input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts _____	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> See Account Authorization Card
ACCOUNT TYPE	
All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.	
Suffix	Suffix
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> HSA: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Other: _____
The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.	

ACCOUNT SERVICES			
<input type="checkbox"/>	Payroll Deduction/Direct Deposit:		
<input type="checkbox"/>	Audio Response:		
<input type="checkbox"/>	Overdraft Protection (Indicate transfer priority.):		
<input type="checkbox"/>	ATM Card:	<input type="checkbox"/>	Debit Card:
<input type="checkbox"/>	PC Access/Internet Banking:		
<input type="checkbox"/>	Other:		
TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION			
<p><i>Under penalties of perjury, I certify that:</i></p> <p>(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and</p> <p>(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</p> <p>(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).</p> <p>(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</p> <p>Certification Instructions. 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. 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.</p>			
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Exempt payee code (if any) _____</td> <td style="width:50%; border: none;">Exemption from FATCA reporting code (if any) _____</td> </tr> </table>		Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____		
AUTHORIZATION			
<p>By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings 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 a copy 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. <i>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</i></p>			
X	X		
Signature _____	Signature _____		
Date _____	Date _____		
X	X		
Signature _____	Signature _____		
Date _____	Date _____		
<p>FOR CREDIT UNION USE ONLY <input type="checkbox"/> See Account Change Card <input type="checkbox"/> See Insurance Beneficiary Card</p>			
Date of Membership:	Opened/App'd by:	Member Verification:	
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request	
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking	

L.E.O. CU NEW MEMBER QUESTIONNAIRE

Why did you choose L.E.O. CU? _____

Will this be your primary savings or checking account? _____ Yes _____ No

Will any financial transactions affecting this account originate or have a destination outside the U.S.? _____ Yes _____ No

 If yes, please explain: _____

Will you have direct deposit or automatic deductions attached to this account? _____ Yes _____ No

On average how frequently will deposits be made? _____ Average Amount \$ _____

Initial Deposit Amount \$ _____ Cash Amount \$ _____ Check Amount \$ _____

Are you a U.S. Citizen? _____ Yes _____ No If not, how long do you expect to remain in the U.S.? _____

If you are not a U.S. Citizen, do you have permission to work in the U.S.? _____ Yes _____ No

Are you, your relatives or associates connected to the government of a country other than the U.S.? _____ Yes _____ No

 If yes, please explain _____