

# Member Service Agreement • Part 1



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<b>OFFICE USE ONLY</b>	Date _____	Number(s) _____	Owner 1 Name _____
	Field of Membership _____	Note _____	

## Please use this form to join Ashland Credit Union and open new or additional account(s).

To join as a member and/or open your account(s) and related services at Ashland Credit Union (or to open one or more additional accounts for yourself), please complete the ownership information in **SECTION 1** (below), include any beneficiaries in **SECTION 2**, select the account(s) you want in **SECTION 3**, and the services you'd like to have in **SECTION 4**. Then read **SECTION 5** and **SECTION 6** and sign your name(s) in **SECTION 6** and return this form to us. Should you need additional owners, beneficiaries, accounts and/or services, have questions or need help, please contact us during business hours. To learn more about us, our commitment to excellent service and our valuable products and services, please visit our branch or website, or call us anytime we are open for business. Thank you again for being a member of Ashland Credit Union. We look forward to serving you!

### SECTION 1 OWNER(S) INFORMATION (An owner can open, initiate, conduct transactions on, maintain, change, add, terminate and close an account, product or service) 1

<b>Owner 1 Name (Member)</b> _____	Address (Physical address required) _____	City _____	State _____	ZIP _____
Cell Phone _____	Home Phone _____	Mailing Address (If different from physical address) _____	City _____	State _____ ZIP _____
E-mail _____	Social Security Number _____	Date of Birth _____	Mother's Maiden Name/Security Phrase _____	
Employer _____	Work Phone _____	Driver's License - State, Number _____	Issue Date _____	Exp. Date _____
<b>Owner 2 Name</b> _____	Address (Physical Address Required) _____	City _____	State _____	ZIP _____
Cell Phone _____	Home Phone _____	Mailing Address (If different from physical address) _____	City _____	State _____ ZIP _____
E-mail _____	Social Security Number _____	Date of Birth _____	Mother's Maiden Name/Security Phrase _____	
Employer _____	Work Phone _____	Driver's License - State, Number _____	Issue Date _____	Exp. Date _____

### SECTION 2 BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (Anyone you want to get the funds in the account(s) upon the final account owner's death) 2

Beneficiary/POD Payee 1 Name _____	Relationship _____	Beneficiary/POD Payee 2 Name _____	Relationship _____	Beneficiary/POD Payee 3 Name _____	Relationship _____
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### SECTION 3 ACCOUNT(S) Savings (Required for Membership) Checking Money Market Christmas Club Vacation Club 3

Certificate Builder  Visa Builder  Certificate *IRA and HSA accounts are available. Contact us for enrollment forms.*

### SECTION 4 SERVICE(S) ATM/Debit Card\* Overdraft Service\* Pay Overdrafts for Debit/ATM\* (\*service requires a checking account) 4

Payroll Deduction/Direct Deposit  Online Banking  Mobile Banking (Pre-checked services are included with membership)

### SECTION 5 TAX INFORMATION CERTIFICATION: By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. I am subject to backup withholding Exempt I am not a United States citizen or resident (complete W-8 form) 5

**SECTION 6 ACKNOWLEDGEMENT:** Owner 1 is (or represents) a member, or applies for membership pursuant to Ashland Credit Union's (referred to as "we", "us" & "our") 6 bylaws, policies and this Member Service Agreement (referred to as the MSA and Parts 1 & 2). All owners (referred to as "you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving Part 2 (the terms and conditions) of this MSA, which includes the Funds Availability disclosures, Electronic Fund Transfer disclosures, Privacy Policy and Rate & Fee disclosures. Part 2 has been e-mailed to Owner 1's address if available. To provide you with excellent service and for identification purposes, you agree we may review and image your current identification, and obtain and use credit, account and employment reports to verify your eligibility for accounts, products and services we may offer. You affirm the information provided in this Part 1 is accurate, and has been completed according to your instructions. You understand this MSA governs your accounts, products, services and other aspects of your relationship with us whether initiated now or in the future, and agree that we may rely exclusively on this MSA and have no obligation to rely on any other documents. You also understand an owner may conduct transactions on and open, initiate, maintain, change, add, close or terminate accounts, products and services, as explained in Part 2 of this MSA. If you provide a mobile phone number, you agree we may text and call you at the number about products and services that you have or we may offer. To benefit all members, you agree we may change this MSA, and those changes are binding on you. You understand you may call us with questions or obtain a copy of this MSA from us during business hours (and Part 2 from our website at any time), and may open, initiate, maintain, change, add, close or terminate an account, product, service or membership at any time according to this MSA. To assure consent to and the legibility and accuracy of this Part 1 form, you agree that we may require this Part 1 to be notarized or re-completed and re-signed. By signing or otherwise authorizing this Part 1, by using an account, product or service, or by receipt or availability of a statement, you agree to this MSA Parts 1 & 2. *The IRS does not require your consent to any provision of this MSA other than the certification required to avoid backup withholding (in Section 5 above).*

Owner 1 Signature _____	Date _____	Owner 2 Signature _____	Date _____
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I agree to be removed as an owner from the account(s) \_\_\_\_\_

## Questions? Let us help. 800-245-8112

### HOW DID YOU HEAR ABOUT US? Website From Current Member Employer Community Event Advertisement Walk-In Facebook Other \_\_\_\_\_ 7

<b>OFFICE USE ONLY</b>	CU Employee Name _____	ID Number _____	Field of Membership _____	Note _____	Date _____
	<input type="checkbox"/> O R A C _____				