

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit: _____ ATM Card: _____
 Overdraft Protection (Indicate transfer priority.): _____ Debit Card: _____
_____ Audio Response: _____
 PC Access/Internet Banking: _____ Other: _____

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- Individual** **Joint Account with Rights of Survivorship** **Joint Account with Rights of Survivorship (Beneficiaries not allowed.)**

Joint Owner:

Street: _____ SSN/TIN: _____
City/State/ZIP: _____ Driver's License No.: _____
Home Phone _____ Listed Unlisted Date of Birth _____
Work Phone _____ Employer _____
email: _____

Joint Owner:

Street: _____ SSN/TIN: _____
City/State/ZIP: _____ Driver's License No.: _____
Home Phone _____ Listed Unlisted Date of Birth _____
Work Phone _____ Employer _____
email: _____

Joint Owner:

Street: _____ SSN/TIN: _____
City/State/ZIP: _____ Driver's License No.: _____
Home Phone _____ Listed Unlisted Date of Birth _____
Work Phone _____ Employer _____
email: _____

CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "ACCOUNT TYPE" section is/are held by _____
as custodian for _____ until age _____

(may not be older than 21) under the Michigan Uniform Transfers to Minors Act.

Custodian's Address: _____

Phone: _____ Date of Birth: _____ Other: _____

DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Michigan Uniform Transfers to Minors Act, I hereby designate _____
successor custodian for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect
only upon my death, resignation, incapacity or removal.

Signature of Custodian _____ Date _____

Witness _____ Date _____

ACCOUNT DESIGNATIONS

Beneficiary Account

All Accounts Designate Specific Accounts: _____

Beneficiary: _____ Beneficiary: _____

Street: _____ Street: _____

City/State/ZIP: _____ City/State/ZIP: _____

Agency Print Name of Agent: _____

Signature: _____ Date: _____

All Accounts Designate Specific Accounts: _____

Other: _____ See Account Authorization Card

FOR CREDIT UNION USE ONLY

See Account Change Card See Insurance Beneficiary Card

Date of Membership: _____ Opened/App'd by: _____ Membership Verification: _____

Credit Report Check Verify PIN Request

Access Card Audio Response PC Access/Internet Banking