



Jefferson County Federal Credit Union  
9600 Ormsby Station Rd. \* Louisville, Kentucky 40223



## SHARE ACCOUNT AGREEMENT

**Instructions To Signer:** If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee under reporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of whichever certification you sign below.

### **CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER & BACKUP WITHHOLDING**

Under the penalties of perjury, I certify (1) that \_\_\_\_\_ is my correct taxpayer identification number (TIN) and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **CERTIFICATION IF AWAITING TAXPAYER IDENTIFICATION NUMBER**

Under penalties of perjury, I certify (1) that a TIN has not been issued to me, and that I mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or I intend to mail or deliver an application in the near future), and (2) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding. I understand that if I do not provide a taxpayer identification number to the credit union within 60 days, the credit union is required to withhold 31 percent of all reportable payments thereafter made to me until I provide a number.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The Jefferson County Federal Credit Union, hereinafter called "Credit Union" is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. All owners of this account hereby agree with each other and the Credit Union that all sums now paid in for shares, or heretofore or hereafter paid in for shares by any of the owner(s) shall be to the credit of all owners with accumulations thereon, and shall be owned by all of them jointly, with rights of survivorship and be subject to the withdrawal or receipt of any of them or to the survivor or survivors and shall be valid and discharge the Credit Union from any liability for such payment. All signers acknowledge receipt of a copy of this form.

Any of the said owners, that have reached the age of majority may assign all of or any then unassigned part of the shares in this account as collateral for security on any loan(s) except IRA funds. Dividends will be paid until the date of death of the primary owner. Joint owners may close this account only in the event of death of the primary owner. Separate disclosures are also available enumerating funds availability policy, electronic funds policies, applicable fees, deposit policies, minimum balance requirements and other policies of the Credit Union which I/we hereby acknowledge receipt of. The rights or authority of the Credit Union under this agreement shall not be changed or terminated by any of the owner(s) except by written notice to the Credit Union which shall not affect transactions heretofore made. Funds are federally insured by NCUA, a government agency, to at least \$250,000.00.

All owners agree that the primary owner will be the only one who may modify this agreement without benefit of the other owner(s)' authorization. This agreement will remain in force until revoked by the member unless they have not reached the age of majority. Closing the account and withdrawing all funds will revoke the agreement. The person(s) signing this agreement accepts the terms applicable to all services offered on this account whether or not they signed any other disclosure or agreement. It is further agreed and understood that anyone authorized as a joint owner will have the ability to access any and all accounts (suffixes) under this master account number regardless of whether it is a share, share certificate of deposit, or loan, via any and all electronic remote access devices the credit union has or may make available in the future. A person must be eligible for membership and open an account of their own in order to have cross-account remote electronic access.

[PLEASE PRINT NEATLY USING BLUE OR BLACK INK - USE THE REVERSE SIDE FOR ADDITIONAL INFORMATION IF NECESSARY]

### **PRIMARY OWNER INFORMATION**

FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

HOME AREA CODE/PHONE: \_\_\_\_\_

WORK AREA CODE/PHONE: \_\_\_\_\_

CELL AREA CODE/PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ARE YOU A U.S. CITIZEN? [ ] YES [ ] NO If "NO" Complete the proper additional agreement.

SIGNATURE: \_\_\_\_\_

STAFF WITNESS (IF APPLICABLE) \_\_\_\_\_ DATE \_\_\_\_\_

### **MEMBER NOTARY SECTION (REQUIRED IF MAILED)**

SUBSCRIBED AND ACKNOWLEDGED BEFORE ME BY \_\_\_\_\_

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

NOTARY PUBLIC - SEAL REQUIRED

OFFICIAL TITLE \_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_\_

### **JOINT OWNER INFORMATION**

FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

HOME AREA CODE/PHONE: \_\_\_\_\_

WORK AREA CODE/PHONE: \_\_\_\_\_

CELL AREA CODE/PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ARE YOU A U.S. CITIZEN? [ ] YES [ ] NO If "NO" Complete the proper additional agreement.

SIGNATURE: \_\_\_\_\_

STAFF WITNESS (IF APPLICABLE) \_\_\_\_\_ DATE \_\_\_\_\_

### **MEMBER NOTARY SECTION (REQUIRED IF MAILED)**

SUBSCRIBED AND ACKNOWLEDGED BEFORE ME BY \_\_\_\_\_

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

NOTARY PUBLIC - SEAL REQUIRED

OFFICIAL TITLE \_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_\_

FOR  
CREDIT  
UNION  
USE  
ONLY

\_\_\_\_ NAME CHANGE \_\_\_\_\_ NEW MEMBER  
\_\_\_\_ ADD JOINT OWNER \_\_\_\_\_ NEW SHARE  
\_\_\_\_ OTHER - (WRITE EXPLANATION AND ATTACH)  
FORM & DATE OF ID: \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

\_\_\_\_ SUFFIX(ES) \_\_\_\_\_

JCFCU 04-01-10

MEMBERSHIP OFFICER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_