

Account Number: \_\_\_\_\_

New Account: ☐ Share ☐ Share Draft ☐ Holiday ☐ Certificate Money Market Other \_\_\_\_\_ or Indicate the type of **change** below:  
☐ Name Change ☐ Address Change Account Type: ☐ Add ☐ Change ☐ Remove Account Service: ☐ Add ☐ Change ☐ Remove Joint Owner: ☐ Add

Remove Joint Owner (removing a joint owner requires consent of all owners on the account). We will hold the Credit Union harmless for actions regarding account access. The removed joint owner(s) relinquishes ownership interest including membership share in account(s) set forth below. This relinquishment does not affect my/our obligation on any loan accounts. Print name of owner(s) to be removed: \_\_\_\_\_

Signature of Owner being removed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Print**

**Owner**

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 SSN/TIN: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Store Location: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 e-mail: \_\_\_\_\_  
 LUX ID Number: \_\_\_\_\_ Eligibility: \_\_\_\_\_

**Please Print**

**Joint Owner**

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 SSN/TIN: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

**Payroll Deduction Authorization**

INDICATE BELOW THE APPROPRIATE ACCOUNT TYPE AND AMOUNT FOR DISTRIBUTIONS (If you wish to have the entire amount of your pay deposited by DIRECT DEPOSIT, simply write NET in the amount field by the account type you want it to be deposited to.)

Deduct: ☐ weekly ☐ bi-weekly \$ \_\_\_\_\_

Until further notice from me, please deduct the following amount from my pay:

\$	Savings	\$	Checking
\$	Holiday Club	\$	Vacation Club
\$	Money Market	\$	Other
\$	Other	\$	Other

**Account Security Question(s): Please Pick two**

Mother's Maiden Name \_\_\_\_\_ Favorite Color \_\_\_\_\_  
 Account Password \_\_\_\_\_ School Graduated \_\_\_\_\_  
 Favorite Car \_\_\_\_\_ Favorite Pet \_\_\_\_\_

**Account Services**

☐ ATM Card PIN# \_\_\_\_\_  
☐ Debit Card (Checking Only) PIN# \_\_\_\_\_  
☐ Joint Owner Card Type \_\_\_\_\_ PIN# \_\_\_\_\_  
☐ e-Statements (I will receive my statements electronically)  
 Email: \_\_\_\_\_

**Check Order for new Checking Accounts Only**

Please **check** all information you wish to have printed on your checks.

☐ Printed Name(s) \_\_\_\_\_  
☐ Home Phone Number ☐ Driver's License Number Start # \_\_\_\_\_

**Payable on Death or Beneficiary Designation**

POD or Beneficiary: \_\_\_\_\_  
 Address: \_\_\_\_\_

Please contact me with more information on the following services:

**New Car Loan**

**Used Car Loan**

**Home Loan**

**Visa Card**

**Vacation Club**

**Certificate of Deposit**

**IRA Account**

**Other** \_\_\_\_\_

Account Number: \_\_\_\_\_

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

Under Penalties of perjury, I certify that:

- 1) The number shown on this form is my correct tax payer identification number,
- 2) I am not subject to back up 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 back up 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
- 3) I am a U.S. person (including a U.S. resident alien).

**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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. citizen.

**AUTHORIZATION**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement 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 Funds Transfer Agreement. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

Print x \_\_\_\_\_ Date \_\_\_\_\_ Signature x \_\_\_\_\_

Print x \_\_\_\_\_ Date \_\_\_\_\_ Signature x \_\_\_\_\_

Credit Union Use Only: Date Opened: \_\_\_\_\_ Opened By: \_\_\_\_\_ Membership Verification: \_\_\_\_\_

Approved By: Membership Officer \_\_\_\_\_ Date \_\_\_\_\_

**Account Opening Instructions**

- Complete all applicable sections and sign Account Card. Please return it to our office by fax, mail or email.
  - Fax Number: 513-765-6078
  - Mailing Address: Members Trust FCU  
4000 Luxottica Place  
Mason, OH 45040
  - Email Address: memberstrust@luxotticaretail.com
- To open an account with Members Trust, you must provide a copy of your driver's license or state issued identification card. If faxing, please enlarge and lighten your identification so all information is legible.
- If Identification address and Account Card address are not the same, please provide a recent billing statement to verify home address.
- A \$5.00 deposit is required to open your membership with any Federal Credit Union. This deposit can be made via check or payroll deduction.

**Additional Requirements****Savings**

- If adding a joint owner, the same information as the primary accountholder must be provided.

**Minor Savings**

- Copy of Social Security Card
- Signature of accountholder (If unable to sign, parent may sign as "Mother of" or "Father of".)
- Joint owner is required

**Checking Account**

- Check or money order for \$15.00 to cover the cost of your first box of checks
- Sign ATM and one-time debit Overdraft Opt-In Form.