

# Member Service Agreement

Part 1



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Wichita, KS 67277-1069  
Toll-Free 833-759-1941  
Fax 316-779-8966  
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## Please use this form to join our Credit Union and open account(s), or to open additional account(s).

To become a member of our credit union and start your accounts and related services (or to open one or more additional accounts), please complete your information in **SECTION 1** (below), if you wish, add one or more beneficiaries on your accounts in **SECTION 2**, select a savings, checking and/or certificate account 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** (before a notary, if requested) and return this form to us with a copy of your current driver's license. Should you need additional owners, beneficiaries, accounts, loans or services, or have any questions or need help, please contact us during business hours. To learn more about us, our commitment to excellent service and our incredible accounts, loans and related 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 our credit union. We look forward to serving you!

### SECTION 1 MEMBER OWNER(S) INFORMATION (You, as an owner, can open, start, conduct transactions on, change, add and close an account, product or service) 1

Owner 1 Name _____		Address _____		City _____	State _____	ZIP _____
Home Phone _____	Cell Phone _____	Mailing Address (if different from physical address) _____		City _____	State _____	ZIP _____
Employer _____		Work Phone _____	Social Security Number _____	Date of Birth _____		
E-mail Address _____		Driver's License - State, Number & Issue and Exp. Date _____				

Owner 2 Name _____		Address _____		City _____	State _____	ZIP _____
Home Phone _____	Cell Phone _____	Social Security Number _____	Date of Birth _____	E-mail Address _____		
Employer _____		Work Phone _____	Driver's License - State, Number & Issue and Exp. Date _____			

### SECTION 2 BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People (or charities) that you would like the funds in the account(s) to go to on your 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  Checking  Christmas Club  Vacation Club 3

**SECTION 4 SERVICE(S)**  Debit Card  ATM Card  Online Access  Pay Overdrafts for  Checks/ACH  Debit Card/ATM 4

**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 ACKNOWLEDGMENT** Owner 1 is or applies to be a member of Skyward Credit Union ("we", "us" & "our"), or is authorized to take action, according to our Member Service Agreement (the MSA Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 (the terms) of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Fee disclosures. Part 2 has been emailed to Owner 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. Because you control how the funds in account(s) with us are disbursed on your death, you irrevocably waive the right to dispose of funds in account(s) by will. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand an owner may conduct transactions on and start, maintain, change, add or terminate accounts, products and services, as explained in Part 2 of the MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours, and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to the MSA. The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding (in Section 5 above). 6

Owner 1 Signature _____	Date _____	Owner 2 Signature _____	Date _____
State of _____ in the county of _____		Notary _____	
This Agreement was signed before me on _____		Commission Expires _____	
by _____			
Name(s) of Owner(s) _____			

## Questions? Please contact us anytime we're open for business!

<b>OFFICE USE ONLY</b>	CU Employee Name _____	ID Number _____	Field of Membership _____	Account Number _____	Date _____
	_____				