

FINANCIAL TRUST FEDERAL CREDIT UNION

3333 Harlem Road
 Cheektowaga, New York 14225
 Telephone (716) 831-3007 Fax (716) 831-0669

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner: _____ Member No: _____

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

Individual Joint Account with Survivorship Joint Account without Survivorship

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No: _____

Home Phone: _____ Listed Unlisted _____ Date of Birth: _____

Work Phone: _____ Password: _____

E-mail: _____ Membership Eligibility: _____

Employer: _____

ACCOUNT OWNERSHIP

Joint Owner: _____ SSN/TIN: _____

Street: _____ Driver's Lic. No.: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: _____ Listed Unlisted _____ Password: _____

Work Phone: _____ E-mail: _____

Joint Owner: _____ SSN/TIN: _____

Street: _____ Driver's Lic. No.: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: _____ Listed Unlisted _____ Password: _____

Work Phone: _____ E-mail: _____

Joint Owner: _____ SSN/TIN: _____

Street: _____ Driver's Lic. No.: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: _____ Listed Unlisted _____ Password: _____

Work Phone: _____ E-mail: _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account
 Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
 Street: _____ Street: _____
 City/State/Zip: _____ City/State/Zip: _____

UTTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act)
 Minor's SSN/TIN: _____

Agency Name of Agent: _____ (please print)
 Signature _____ (date) _____

Other: _____ See Account Authorization Card

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts unless the credit union is notified in writing of a change.

Suffix* _____ Suffix* _____

Share/Savings _____ Money Market _____

Share Draft/Checking _____ Other _____

Share Certificate _____ Other _____

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

