UPPER DARBY BELLTELCO FCU

1410 Bywood Ave Upper Darby, PA 19082 (610) 734-1883

ACCOUNT CARD

ACCOUNT TYPE

	Suffix		Suffix
☐ Share/Savings:		_ 🔲 Money Market:	
☐ Share Draft/Checking		_ 🗀 HSA:	
☐ Share Certificate/Certificate		_	
The account number for each of Number listed in the "MEMBER applies to more than one account	APPLICATION AND of the same type, mo	OWNERSHIP INFORMAT	ION" section. If this Care ed for that account type.
		Member No:	
Member/Owner:			
Street:			
City/State/Zip:			
Home Phone:		Date of Birth:	
☐ Listed ☐ Unliste			
Work Phone:	***	Employer:	
Membership Eligibility:		E-mail: WITHHOLDING INFORT	
The number shown on this form to be issued), and I am not subject to backup with been notified by the internal Refailure to report all interest or discovery.	holding because: (a) venue Service (IRS) t	l am exempt from backup wit hat I am subject to backup w	thholding, or (b) I have no vithholding as a result of a
to be issued), and 2) I am not subject to backup with	holding because: (a) venue Service (IRS) to venue Service (IRS) to vidends, or (c) the IRS, person. For federal S. citizen or U.S. read in the United States estic trust (as defined in this form (if any) in the United 2 above if your item 2 above if your venue Service (IRS) in the United States estimated estim	I am exempt from backup win hat I am subject to backup win S has notified me that I am no tax purposes, you are consistent alien; a partnership, or under the laws of the Unit in Regulations section 301.7 ndicating that I am exempt	thholding, or (b) I have no tithholding as a result of a to longer subject to backup dered a U.S. person if you corporation, company, o ted States; an estate (othe 701-7). from FATCA reporting is
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☐ Payroll Deduction/Direct Depo	osit: 🗅 A	TM Card:	
☐ Overdraft Protection (Indicate	transfer priority):	Debit Card:	
	□ A	udio Response:	
☐ PC Access/Internet Banking:		Other:	
Designate the ownership of the		RSHIP for the services requested.	
☐ Individual	☐ Joint Account with Rights of Survivorship	☐ Joint Account without Rights of Survivorship	
Joint Owner:		and the same of th	
Street:			
City/State/Zip:		river's Lic. No:	
Home Phone:	D	ite of Birth:	
☐ Listed ☐ Unlisted		Password:	
		-mail:	
Joint Owner:		nun titorinutus, nii kurmise eesti seesta eestee see see titorin tatuumise valdminnin ta	
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City/State/Zip:	Driver's Lic. No:		
Home Phone:	D	Date of Birth:	
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Work Phone:	E	-mail:	
	ACCOUNT DESIGNATION	DNS	
🖵 Payable on Death (POD) Tr	ust Account		
☐ All Accounts ☐ Design	nate Specific Accounts:		
Beneficiary/POD Payee:	Payee: Beneficiary/POD Payee:		
Street:	Street	Street:	
City/State/Zip:	City/S	tate/Zip:	
☐ UTMA/UGMA (as custodian	for	(minor) under th	
Uniform Transfers/Gifts to Mi	nors Act) Minor's SSN/TIN:		
☐ Agency Print Name of Ager	nt:		
Signature:		Date:	
☐ All Accounts ☐	Designate Specific Accounts	5;	
□ Other:		See Account Authorization Ca	
DR CREDIT UNION USE ONLY	See Account Change (Card See Insurance Beneficiary C	
Date of Membership	Opened/App'd by:		
Credit Report	Check Verify		
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