

Express Membership Application



Since 1927
Coast Line Credit Union

Great Neighbors. Great Service.

An Owner's Guide to Joining

**It's easy to join Coast Line Credit Union.
Just follow these simple step-by-step directions:**

- A.** Fill out the Membership Savings Account Signature Card. Please print clearly—and note that you can also open a Checking Account and sign up for a Visa® Check Card; Teller-Phone (Audio Response) and Coast Line Online (Home Banking) by marking the boxes for the services that you want. You must also sign and date where applicable.
- B.** Complete the Taxpayer Identification Number Certification.

Products and Services

Payable on Death Beneficiary Designation

- Designating a beneficiary on an account is optional.
- Right of survivorship pertains to joint accounts (see Share Account Agreement).

Checking Account

- No minimum balance requirement
- No monthly service charge
- First order of checks FREE
- Shares to checking overdraft protection (6) per month

Visa Check Card

- A debit and ATM card rolled into one
- Member of SURF ATM Network: surcharge-free transactions at over 200 credit union terminals statewide
- For cash, gas, groceries... anytime, anywhere
- Purchasing power 24/7

Remote Services

- Teller-Phone (Audio Response)
- Coast Line ONLINE (Home Banking)
- Bill Pay Service (Online Bill Payment)
- Mobile Finance Manager

Important

If you are mailing your application, be sure to include an enlarged photocopy of a valid photo ID, such as a valid driver's license, passport, or state ID. If your photo identification does not show your current street address, please send a copy of a tax or utility bill that shows your current address.

Double-check your application to make sure:

- ALL sections are correctly filled out.
- Signatures have been included where requested..look for the large X.
- The Request for Taxpayer Identification Number section has been filled out. (Your Taxpayer ID number is your Social Security Number.)
- Back side initialed stating receipt of disclosures.

**That's all there is to it...
Welcome to Coast Line Credit Union!**

My Membership Savings Account

Owner(s) Account(s) shall be (check one): Individual account Joint Account

In addition, I request: Checking Account Visa® Check Card

Teller-PhoneSM CoastLine ONLINE Bill Payer

1. Membership Savings Account Agreement

Coastline Credit Union is hereby authorized to recognize any of the signatures subscribed hereto on either side of this agreement in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with Coast Line Credit Union that all sums now paid in on savings, or heretofore or hereafter paid in on savings by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, together with the proceeds of any insurance on said account, are and shall be owned by them jointly with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them. On the death of a joint owner, the balance in the account will belong to the surviving joint owner(s).

Any or all of said joint owners may pledge all or any part of the savings in this account as collateral security for a loan or loans.

The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them, except by written notice to and consent of the Credit Union which shall not affect transactions theretofore made.

PRINT CLEARLY. If mailing, include a photocopy of an enlarged valid photo ID (a driver's license, passport, or state ID)

Name	Soc.Sec.No.		
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Address	City	State	ZIP
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Permanent Address	City	State	ZIP
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States lived in (last five years)

Home Phone No.	Work Phone No.	Birth Date	Mother's Maiden Name
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Eligible By: Live, work, worship, or attend school in the counties of York, Sagadahoc, or Cumberland
 Work for Springfield Terminal Other

Place of Employment

Joint Owner Name (if applicable)	Soc. Sec.No.	Date of Birth
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Joint Owner Name (if applicable)	Soc. Sec.No.	Date of Birth
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I have enclosed \$ _____ to deposit into my Membership Savings Account (\$5.00 min).

2. Optional Pay-on-Death (P.O.D.) Beneficiary Designation

Distribution will be made equally unless indicated differently below. Between P.O.D. beneficiaries, there is no right of survivorship.

Name of P.O.D. Beneficiary	Soc. Sec. No.	Date of Birth	Distribution
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Address	City	State	Zip
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Name of P.O.D. Beneficiary	Soc. Sec. No.	Date of Birth	Distribution
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Address	City	State	Zip
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If additional beneficiaries are desired, attach a separate piece of paper to this signature card. The P.O.D. designation set forth above shall govern all accounts opened under the membership unless otherwise specified by completing a new P.O.D. Beneficiary Designation Card.

3. Checking Account

I have enclosed \$ _____ to deposit into my Membership Checking Account. No minimum required.

Credit Union use only: MICR Number _____

Check Order Please print this on my checks. (First order of checks free.)

Name(s)

Address	City	State	Zip
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Phone

4. Visa Check Card

Visa® Check Card

In order to issue a card to either signer of a joint account, both owners must sign at the end of this agreement.

I/we agree to abide by the terms of the electronic funds transfer and cardholders agreement in the Membership Agreement & Disclosure provided to me/us separately by the Credit Union.

Consumer reports (credit reports) will be obtained in connection with this application. If you request, 1) you will be informed whether or not consumer reports were obtained; and 2) if reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports.

Loan Officer Signature

Date

5. Remote Services

Teller-PhoneSM (Audio Response)

Please choose a 4 digit PIN (Personal Identification Number) _____ - _____ - _____ - _____

Coastline ONLINE (Home Banking) Complete e-mail address required below.

E-mail Address

To Start Direct Deposit

Please complete this card and bring it to your employer.

Coast Line Credit Union

ABA #211288417

Name

Account #

Please circle one: Savings Checking

IMPORTANT TAX INFORMATION

You (as the payee) are required by law to provide us (as payor) with your correct taxpayer identification number. If you are an individual, your taxpayer identification number is your Social Security number. If you have not provided us with your correct identification number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, interest, dividends, and other payments that we make to you may be subject to backup withholding.

Backup withholding is different from the 10 percent withholding on interest and dividends that was repealed in 1983. If backup withholding applies, a payor is required to withhold 30 percent of interest, dividends, and other payments made to you. Backup withholding is not an additional tax. Rather, if the tax liability of persons subject to backup withholding results in an overpayment of taxes, a refund may be obtained.

Before you can join the Credit Union you must complete the Taxpayer I.D. Certification Notice on the bottom of this card.

(Instruction 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 two (2) of the certification below.)

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify:

1. That the number shown on the membership card is my correct taxpayer identification number; 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 has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

YOU MUST SIGN BELOW FOR YOUR ACCOUNT TO BE OPENED

Signatures

I hereby make application for membership in the Coast Line Credit Union and agree to conform to its bylaws and amendments thereof and subscribe for at least one share. I have read this brochure and all other applicable agreements and disclosures and I understand and agree to abide by the terms and conditions included and referenced in them as applicable to the accounts and services I have requested from the credit union.

Internal Revenue Code and Bank Secrecy Act Disclosures: The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding explained above. I understand and agree that the USA PATRIOT Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **Transactions to/from any accounts may be limited until ID verification of all applicable persons is completed or my account may not be opened until ID verification is completed.**

X

Member Signature

X

Joint Owner Signature (if applicable)

X

Joint Owner Signature (if applicable)

FOR OFFICE USE ONLY

Chex Systems Verification

Comments



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