



People You Know and Trust.

MEMBERSHIP APPLICATION AND ACCOUNT AUTHORIZATION

Member Information

Member Account Number _____ Date _____

Name: (Last) _____ (First) _____ (Middle) _____

Trustee: _____ SSN/TIN: _____

Address: (Street) _____ Drivers License No: _____
 (City) _____ (State) _____ (Zip) _____ SSN/TIN: _____

Home Phone: _____ Work Phone: _____ Date of Birth: _____

Employer/Eligibility: _____ E-Mail Address: _____

ACCOUNT OWNERSHIP AND SURVIVORSHIP

(a) Please refer to your Account Agreement for a description of the different types of account ownership available to you.

(b) Please identify any joint owners and/or beneficiaries and provide the following information.

- Single Party
- Single Party with Payable on Death Beneficiary
- Joint Account with Right of Survivorship
- Joint Account with Right of Survivorship and Payable on Death Beneficiary
- Revocable Trust Account (minor)

ACCOUNT TYPE

- Regular Share Savings
- Special Savings
- Share Draft/Checking (Type) _____
- Money Market
- Share Certificate (Term) _____

CHECKING OVERDRAFT PROTECTION

If you would like overdraft protection, please designate which accounts you want funds to be drawn from and sign below.

Overdraft Account (s):	Share/Loan ID-Description:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Signature(s) authorizing Overdraft protection

Date _____

Date _____

All parties of account must authorize overdrafts from cross accounts.

JOINT OWNERS

Share Savings Special Savings Share Draft Money Market Share Certificate

Name: (Last) _____ (First) _____ (Middle) _____

Address: (Street) _____ Drivers License No: _____
 (City) _____ (State) _____ (Zip) _____ SSN/TIN: _____

Home Phone: _____ Work Phone: _____ Date of Birth: _____

JOINT OWNERS (continued)

Share Savings Special Savings Share Draft Money Market Share Certificate

Name: (Last) _____ (First) _____ (Middle) _____

Address: (Street) _____ Drivers License No: _____

(City) _____ (State) _____ (Zip) _____ SSN/TIN: _____

Home Phone: _____ Work Phone: _____ Date of Birth: _____

Share Savings Special Savings Share Draft Money Market Share Certificate

Name: (Last) _____ (First) _____ (Middle) _____

Address: (Street) _____ Drivers License No: _____

(City) _____ (State) _____ (Zip) _____ SSN/TIN: _____

Home Phone: _____ Work Phone: _____ Date of Birth: _____

PAYABLE ON DEATH (P.O.D) ACCOUNT

Share Savings Special Savings Share Draft Money Market Share Certificate

Name: (Last) _____ (First) _____ (Middle) _____

Address: (Street) _____ SSN/TIN: _____

(City) _____ (State) _____ (Zip) _____ Date of Birth: _____

Share Savings Special Savings Share Draft Money Market Share Certificate

Name: (Last) _____ (First) _____ (Middle) _____

Address: (Street) _____ SSN/TIN: _____

(City) _____ (State) _____ (Zip) _____ Date of Birth: _____

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, by signing below, I certify (1) that the number shown on this form is my correct taxpayer identification number, (2) that, unless designated below, 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 ("IRS") has notified me that I am no longer subject to backup withholding and (3) that I am a U.S. person (including a U.S. resident alien).

I am subject to backup withholding.

I am exempt.

SIGNATURES AND AUTHORIZATIONS

By signing below, I hereby make application for membership in DATCU and agree to subscribe for at least one share, or make application for other services as noted above. In considering this application and/or any request for financial services, I authorize the credit union to check my credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with me. I/we agree to conform to the Credit Union's rules, regulations, bylaws, and policies now in effect and as amended or adopted hereafter. I/we acknowledge receipt of the Credit Union's Account Agreement, Truth-In-Savings Account Disclosures, Rate and Fee Schedule, Funds Availability Policy Disclosure, and Electronic Funds Transfers Disclosures which are incorporated into and made a part of this application and agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. If I/we have designated any account opened to be a joint account with right of survivorship, then on the death of one party to such account, all sums in the account on the date of the death shall vest in and belong to the surviving party as his or her separate property.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Primary Signature

Date

Joint Signature

Date

Joint Signature

Date

Joint Signature

Date