

Deposit Account Contract • Part 1



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Jackson, MS 39206
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OFFICE
USE
ONLY

Number(s) _____ Owner 1 Name _____

ACCOUNT OWNER INFORMATION (You, the first named owner of the account(s) who can open, access, change, add and close the account(s) and services) 1

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

ACCOUNT(S) Savings Checking Certificate Account—please send me a receipt/a certificate form 2

SERVICE(S) Debit Card ATM Card Online Access Audio Response Payroll DD Pay Overdrafts for: Checks/ACH Debit Card/ATM 3

MULTIPLE ACCOUNT OWNER(S) INFORMATION (Additional owner(s) of the account(s) who can open, access, change, add and close the account(s) and services) 4

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

Owner 3 Name _____ Address _____ City _____ State _____ ZIP _____
Home Phone _____ Cell Phone _____ Social Security Number _____ Date of Birth _____ E-mail Address _____
Driver's License - State, Number & Exp. Date _____ Employer _____ Employer Phone _____ Mother's Maiden Name/Pass _____

BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (People or charities to receive the funds held in the account(s) on the death of the final account owner) 5

Beneficiary/POD Payee 1 Name _____ Relationship _____ Beneficiary/POD Payee 2 Name _____ Relationship _____ Beneficiary/POD Payee 3 Name _____ Relationship _____
Beneficiary/POD Payee 4 Name _____ Relationship _____ Beneficiary/POD Payee 5 Name _____ Relationship _____ Beneficiary/POD Payee 6 Name _____ Relationship _____

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)

ACKNOWLEDGEMENT: Owner 1 is (or represents) a member, or applies for membership pursuant to Magnolia Federal Credit Union's (referred to as "we", "us" & "our") bylaws, policies and this Contract. All owners, agents and information users (referred to as "you" & "your") request the account(s) and services selected on this Part 1 account form, and acknowledge receiving a copy of Part 2 of this Contract, which includes the Funds Availability disclosures, Electronic Fund Transfer disclosures, Privacy Policy and Rate & Fee disclosures. Part 2 of this Contract has been e-mailed to Owner 1 if an address was provided. You promise the information provided in Part 1 is accurate, and that Part 1 has been completed according to your instructions, as confirmed by your signature, use of an account or service, or receipt or availability of a statement. You understand an owner may conduct transactions and initiate, open, change, add, close or terminate accounts and services, as explained in Part 2 of this Contract. You agree we may obtain and use credit, account and employment reports to verify your eligibility for accounts and services we offer. You understand this Contract governs your accounts, services and other specific matters as a member with us, and agree that we may rely exclusively on this Contract and have no obligation to rely on any other documents. You agree we may change this Contract from time to time, and that such changes are binding on you. You understand you may obtain a copy of this Contract from us during business hours (and Part 2 from our website at any time), and may initiate, change, add, close or terminate an account, service or membership at any time according to this Contract. To assure consent to and the legibility and accuracy of this Part 1 account form, you agree that we may require this Part 1 to be notarized or re-completed and re-signed. By signing below, using an account or service, or receipt or availability of a statement, you agree to this Contract (Parts 1 & 2). The IRS does not require your consent to any provision of this Contract other than the certification required to avoid backup withholding (in Section 6 above).

Owner 1 Signature _____ Owner 2 Signature _____ Owner 3 Signature _____

I agree to be removed as an owner from the account(s) _____

State of _____ in the county of _____ Notary _____

This Contract was signed before me on _____ Commission Expires _____

by _____

Name(s) of Account Owner(s)

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CU Employee Name _____ ID Number _____ Date _____ Credit/Account Verification Reviewed

O R A C

Request for Payroll Deduction

Name _____ Social Security # _____

do hereby request People Lease to deduct the total sum of \$_____ from my check each pay period for Magnolia Federal Credit Union. The deducted amount should be allocated as follows:

Share Savings	\$ _____
Share Draft Checking	\$ _____
Christmas Club Account	\$ _____
Vacation Club Account	\$ _____
Loan Payment	\$ _____
Other (specify _____)	\$ _____

Employee Signature _____

Date _____