

Member Service Agreement • Part 1



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ACCOUNT OWNER INFORMATION

Owner 1		ADR			C		S	Z	1
Phone(s) H	C	MAD			C		S	Z	
E-Mail		SSN	DOB	MMN	ID				
Employer		OCC			WPH				

ACCOUNT(S)

CERTIFICATE ACCOUNT ANNUAL PERCENTAGE YIELD (APY), RATE & TERMS (As Applicable)

Term	Amount	Source of \$	Rate	Annual Percentage Yield	Maturity Date
Dividends To:	Remain in Acc.	Deposit to Acc.	On Maturity:	Renew for Term & Prevailing Rate	Deposit to Acc.

SERVICE(S)	ATM Cd.	Debit Cd.	eStatement	Home	Phone	Mobile Banking	OD Trans	4
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MULTIPLE ACCOUNT OWNER(S) INFORMATION

Owner 2		ADR			C		S	Z	5
Phone(s) H	C	SSN	DOB	MMN	EM				
Employer		OCC			ID				
Owner 3		ADR			C		S	Z	
Phone(s) H	C	SSN	DOB	MMN	EM				
Employer		OCC			ID				
Owner 4		ADR			C		S	Z	
Phone(s) H	C	SSN	DOB	MMN	EM				
Employer		OCC			ID				

AGENT(S) Name 1 Name 2 or INFORMATION USER(S) Name 1 Name 2

Name 1		RL		ADR			C	S	Z	6
Phone(s) H	C	SSN	DOB	MMN	EM					
Employer		OCC			ID					
Name 2		RL		ADR			C	S	Z	
Phone(s) H	C	SSN	DOB	MMN	EM					
Employer		OCC			ID					

BENEFICIARY/PAYABLE ON DEATH PAYEE DESIGNATION(S) (Name and Relationship)

1	RL	2	RL	3	RL	7
4	RL	5	RL	6	RL	

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)

ACKNOWLEDGMENT: Owner 1 is (or represents) a member, or applies for membership pursuant to Archer Cooperative Credit Union's ("we", "us" & "our") Member Service Agreement (the MSA and Parts 1 & 2). All owners ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving Part 2 (the terms) of this MSA, which includes the following disclosures: Funds Availability, Electronic Fund Transfer, Privacy Policy and Rate & Fee. Part 2 has been emailed to Owner 1's address if available. To identify and provide you with excellent service, you agree we may review and image your current identification, and may obtain and use credit, account and employment reports to verify your eligibility for accounts, products and services we may offer. You affirm the information provided in this Part 1 is accurate, and it has been completed according to your instructions. You understand this MSA governs your accounts, products, services and other aspects of your relationship with us whether initiated now or in the future, and agree we may rely solely on this MSA and have no obligation to rely on any other documents. You also understand an owner may conduct transactions on and open, initiate, maintain, change, add, close or terminate accounts, products and services, an agent may conduct transactions, and an information user may access information under an owner's number, as explained in Part 2 of this MSA. If you provide us with a mobile phone number, you agree we may text and call you at the number about products and services that you have or we may offer. To benefit all members, we may change the MSA, and those changes are binding on you. You may call us with questions or obtain a copy of this MSA from us during business hours (and Part 2 from our website at any time), and may open, initiate, maintain, change, add, close or terminate an account, product, service or membership at any time according to the MSA. By signing or otherwise authorizing this Part 1, by using an account, product or service, or by receipt or accessibility of a statement, you agree to this MSA Parts 1 & 2. The IRS does not require your consent to any provision of this MSA other than the certification required to avoid backup withholding (in Section 8 above).

Owner 1 Signature Owner 2 Signature Agent or Info User 1 Signature

Owner 3 Signature Owner 4 Signature Agent or Info User 2 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), Agent(s), Information User(s)