



## SIGNATURE CARD

By signing below I/we certify that all information herein is true and correct and authorize Eagle Louisiana Federal Credit Union to verify or obtain further information the Credit Union may deem necessary concerning my credit standing and deposit history. I/We agree to subscribe for at least one (1) share in the Credit Union. I/We acknowledge receipt of and agree to abide by all terms and conditions of the Master Account Agreement, Truth-in-Savings Rate and Fee Schedule, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We authorize the Credit Union to obtain credit reports in connection with this application and for any update, renewal, or extension of credit or services and for the purpose of verifying identification in compliance with the USA Patriot Act of 2002.

In order to comply with the U.S. Patriot Act, effective October 25, 2002, Eagle Louisiana Federal Credit Union is required to verify the identity of members applying for and opening new accounts or services with the credit union. Information we are required to obtain and verify includes name, residential address, tax identification number, and date of birth. Additional data may also be gathered depending on the type of account applied for or opened. The Act requires us to maintain records of the identification verification and periodically update this information. Confidentiality of the information maintained by the Credit Union will be maintained by the Privacy Act.

TIN Certification Under penalties of perjury, I certify that: (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer to backup withholding, and (3) I am a U.S. citizen or other U.S. person (including U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

MEMBER

Name: \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Account Type\*: \_\_\_\_\_ Account Number: \_\_\_\_\_

\* Please print one signature card per account changed.

JOINT OWNER

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \* ID Type: \_\_\_\_\_ \* ID Number: \_\_\_\_\_ \* State of Issue: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Position/Job Title: \_\_\_\_\_ Employer's Phone: (\_\_\_\_) \_\_\_\_\_

JOINT OWNER

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \* ID Type: \_\_\_\_\_ \* ID Number: \_\_\_\_\_ \* State of Issue: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Position/Job Title: \_\_\_\_\_ Employer's Phone: (\_\_\_\_) \_\_\_\_\_

*For Office Use Only:*

Change Made:  Added Owner  Removed Owner  Name Change

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_