

ACBA Federal Credit Union  
400 Stanwix Street – Suite 1065  
Pittsburgh, PA 15222  
412-391-7242

Board Acceptance \_\_\_\_\_

## Account Card

### Member Application – Ownership – Beneficiary Information

Owner/Custodian \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_

Account No. \_\_\_\_\_  
SSN/TIN \_\_\_\_\_  
Email Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Employer \_\_\_\_\_  
Family Member # \_\_\_\_\_

### Optional – Joint Account Ownership

Designate the joint ownership of this account if applicable

**Joint Owner** \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_

SSN \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_

### Beneficiary

Beneficiary/POD Payee \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
% \_\_\_\_\_  
SSN \_\_\_\_\_

Beneficiary/POD Payee \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
% \_\_\_\_\_  
SSN \_\_\_\_\_

### If Applicable

[ ] **UTMA/UGMA** (as custodian for (minor) under the Uniform Transfer/Gifts to Minors Act)

Minor's Name \_\_\_\_\_

SSN: \_\_\_\_\_ D.O.B. \_\_\_\_\_

### Authorization

By signing below, I/we agree to the terms and conditions of Membership, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Disclosures applicable to the accounts and services requested herein.

\_\_\_\_\_  
Signature of Owner/Custodian    Date

\_\_\_\_\_  
Signature of Owner/Custodian    Date