

Membership Application

Account Type

Share/Savings	Money Market
Share Draft/Checking	Other
Share Certificate/Certificate	Other

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN)/Taxpayer identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of 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	I am not a United States citizen or resident
Exempt	(complete w-8 form)

MEMBER APPLICATION AND INFORMATION

Member	Account No.
Street	SSN/TIN
City	State
Zip	Driver's License. No.
Phone Home	Date of Birth
Phone Work	Mother's Maiden Name
Employment	

Location Employed	Title/Position
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ACCOUNT SERVICES

Payroll Deduction/Direct Deposit	ATM Card
Debit Card	Other

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account	All Accounts	Designate specific account(s)
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Beneficiary	Beneficiary
Street	Street
City/State/Zip	City/State/Zip
UTTMA/UGMA (as custodian for	(minor) under the

Uniform Transfers/Gifts to Minors Act) Minor's TIN SSN

Agency Name of Agent	All Accounts	Designate specific account(s)
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AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We have received and read the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Date	Signature	Date
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When completed, please print and mail to BPOCU at:

P.O. Box 414
351 24th Street North
Birmingham, AL 35201-0414