

New Account Application



KEYSTONE LENDING ALLIANCE, LLC
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 Wexford, PA 15090
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Type of account to be opened: Share Savings Account

Accounts with only a primary account owner are considered a single party account. All joint accounts include right of survivorship.

PRIMARY ACCOUNT OWNER INFORMATION

JOINT ACCOUNT OWNER INFORMATION

Name: _____ First Middle Last			Name: _____ First Middle Last		
Address: _____			Address: _____		
City State Zip			City State Zip		
Home Phone		Work Phone	Home Phone		Work Phone
Email Address			Email Address		
Current Employer			Current Employer		
Social Security # / Tax ID #		Drivers Licence State and #	Social Security # / Tax ID #		Drivers Licence State and #
Date of Birth			Date of Birth		
Mother's Maiden Name (Member account security)			Mother's Maiden Name (Member account security)		

TIN CERTIFICATION & BACKUP WITHHOLDING INFORMATION

By signing under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number.
- (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 interests or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions. 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. Cross out item 3 and complete a W-8 EIN if you are not a U.S. person.

AUTHORIZATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

By signing below, I/we certify that the information on this Account Card is complete and true and that 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 amendments the Credit Union makes from time to time. The terms and conditions of these documents are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card of 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 Services does not require your consent to any provision of this document other than certifications required to avoid backup withholding. I/We acknowledge and consent that my/our Personal account information may be shared with a third-party in order to verify credit union membership if required for program and/or discounts associated with the purchase of a vehicle.

Signature _____	Date _____	Signature _____	Date _____
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KLA/Credit Union Use Only:

Date of Membership: _____ Eligibility: _____ CU Assigned To: _____
 KLA Approved By _____ CU Opened/Approved By _____