

New Account Application



KEYSTONE LENDING ALLIANCE, LLC

6021 Wallace Rd Ext., Suite 100

Wexford, PA 15090

Ph: 724.934.3394

Fax: 724.934.3389

Credit Union

I am already a member of the credit union and my account is in good standing* ☐ _____ (initial)

*Member not in good standing is defined as members who have failed to maintain the minimum required share balance at the credit union, are in default on another loan with the lender, or have materially breached a condition of a member account agreement.

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

Name:

First

Middle

Last

Street Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

Email Address

Current Employer

Social Security # / Tax ID #

Driver's License State and #

Date of Birth

Mother's Maiden Name (Member account security)

JOINT ACCOUNT OWNER INFORMATION

Name:

First

Middle

Last

Street Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

Email Address

Current Employer

Social Security # / Tax ID #

Driver's License State and #

Date of Birth

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).
- (4) I am exempt from FATCA reporting (or I am waiting for a number to be issued to me).

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

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 application is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate Disclosures and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time. I/We authorize the Credit Union to check my credit and employment history, to request and use reports regarding the same, and to answer questions about its credit experience with me/us. I/We agree to conform to the Credit Union's bylaws, policies and procedures now in effect and as amended or adopted hereafter. The terms and conditions of these documents are incorporated herein. As primary owner of the account, I acknowledge and agree that the ownership of any accounts or services I establish in the future will be the same as set forth in this Application unless otherwise designated in writing in a form approved by the Credit Union and delivered to the Credit Union prior to my death. If this account is owned by more than one owner, I/We agree that on the death of one party to the account, all sums in the account on the date of death vest in and belong to each surviving party as his or her separate property and estate. I/We acknowledge receipt of a copy of 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

KLA/Credit Union Use Only:

Date of Membership:

Eligibility:

CU Assigned To:

KLA Approved By

CU Opened/Approved By