

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

By signing below, under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number (TIN) (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 subject to backup withholding, **and** 3) I am a U.S. person (including a U.S. resident alien).

I AM SUBJECT TO BACKUP WITHHOLDING

EXEMPT

I AM NOT A UNITED STATES CITIZEN OR RESIDENT  
(COMPLETE W-8BEN FORM)

**AUTHORIZATION**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedules, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We authorize Dow Chemical Employees' Credit Union to (a) open future accounts for which I qualify for upon my oral or written request and deposit of funds and (b) to transfer funds between my accounts or disburse funds in the form of a Credit Union check payable to me upon my written request. You are authorized to check my/our credit and employment plus answer any question regarding my/our credit experience with you. I/We acknowledge receipt of a copy of the Agreement and Disclosure applicable to the account and services requested herein. If an ATM 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.**

**ELIGIBILITY DECLARATION**

By signing below, I am declaring eligibility for membership in Dow Chemical Employees' Credit Union. I understand that the information supplied on this application may be used to verify that I am within the DCECU field of membership. If DCECU determines that I am ineligible for membership at any time or if I have supplied false or misleading information on this application, this application will be deemed void and my membership will be terminated.

**PRIMARY ACCOUNT HOLDER:**

Account Number

Name (First, Middle and Last)

E-mail Address

Address (Street Address Required)

Additional E-mail Address

City

Mother's Maiden Name

State

Social Security Number (Required)

Zip

Date of Birth (Required)

Home Telephone

Driver's License Number (Required)

Work Telephone

Additional Telephone Numbers

Membership Eligibility (Family Member, Employee, etc)

Employee Number and Company Name (If Applicable)

Eligible Party Name and Relationship

# SHARE DRAFT ACCOUNT PRELIMINARY APPLICATION

## JOINT OWNER(S):

\_\_\_\_\_  
Name (First, Middle and Last)

\_\_\_\_\_  
Name (First, Middle and Last)

\_\_\_\_\_  
Social Security Number (Required)

\_\_\_\_\_  
Social Security Number (Required)

\_\_\_\_\_  
Date of Birth (Required)

\_\_\_\_\_  
Date of Birth (Required)

\_\_\_\_\_  
Driver's License Number (Required)

\_\_\_\_\_  
Driver's License Number (Required)

\_\_\_\_\_  
Address (Street Address Required)

\_\_\_\_\_  
Address (Street Address Required)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

## BENEFICIARY(S):

\_\_\_\_\_  
Name (First, Middle and Last)

\_\_\_\_\_  
Name (First, Middle and Last)

\_\_\_\_\_  
Social Security Number (If Available)

\_\_\_\_\_  
Social Security Number (If Available)

\_\_\_\_\_  
Date of Birth (Required)

\_\_\_\_\_  
Date of Birth (Required)

## ADDITIONAL SERVICES REQUESTED: (Check all that apply)

ICALL (Automated Telephone Service)

Bill Pay (Complete Bill Pay Application)

Cyber Connection (Internet Banking)

E-Statements (Complete E-statement Application)

**ATM/VISA® CHECK CARDS:** (Please note in the appropriate box how many cards you would like.) One card is allowed for each account holder.

Would you like a(n): ATM Card  Visa Check Card  Membership ID Card

**ADDITIONAL ACCOUNTS REQUESTED:** If you would like to open any of the following accounts with the same joint members and/or beneficiaries listed above, please check the appropriate box(es) below. If you would like to open any of the following accounts with different joint members and/or beneficiaries listed above, please fill out the appropriate online application(s).

Certificate of Deposit  Secondary Share  Club Account  High Yield  Premium High Yield

# SHARE DRAFT ACCOUNT PRELIMINARY APPLICATION

**CHECK ORDER INFORMATION:** If this is a new checking account (you've not previously had a checking account with DCECU in your name) your first box of DCECU custom checks will be free. If you would like another style, please contact the credit union at (989) 835-7794 or (800) 835-7794.

Number of Boxes: \_\_\_\_\_ Starting check number: \_\_\_\_\_

Checkbook Cover:    Blue                       Black                       Green                       Burgundy

Please print or type the information you would like to appear on the upper left corner of your checks in the space below.

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## SIGNATURES REQUIRED:

\_\_\_\_\_  
Primary Member Signature                      (Required)                      Date

\_\_\_\_\_  
Joint Account Holder Signature                      (Required)                      Date

\_\_\_\_\_  
Joint Account Holder Signature                      (Required)                      Date