

# Member Service Agreement for a POA

Part 1



800.444.6327  
nuvisionfederal.org

Member Number \_\_\_\_\_ Owner 1 Name (Primary Member) \_\_\_\_\_ OICIA \_\_\_\_\_ Date \_\_\_\_\_

## OWNER-PRINCIPAL INFORMATION (An owner may start, conduct transactions on, maintain, change, add and terminate an account, product or service.) 1

Owner 1 Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mailing Address (if different from physical address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Member Number \_\_\_\_\_ ID Type \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_ Occupation/Profession \_\_\_\_\_ Chex Systems ID \_\_\_\_\_

Principal Relationship to Attorney-in-Fact #1 \_\_\_\_\_ Explanation (Optional) \_\_\_\_\_

## ACCOUNT(S) 2

SERVICE(S) Debit/ATM Card:  O1  AIF1  AIF2 Debit Cards issued to accounts with both checking & savings. ATM cards issued to accounts with savings only. 3

OD Transfer (in order): 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_  
*Transfers from Visa Cards available in Alaska and Washington only.*

## ATTORNEY-IN-FACT DESIGNATION ON PART 1 INFORMATION (Please see Part 2, Provision 4.g.) 4

Attorney-in-Fact 1 Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

Member Number \_\_\_\_\_ ID Type \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_ Occupation/Profession \_\_\_\_\_ Chex Systems ID \_\_\_\_\_

Attorney-in-Fact Relationship to Principal \_\_\_\_\_ Explanation (Optional) \_\_\_\_\_

Attorney-in-Fact 2 Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

Member Number \_\_\_\_\_ ID Type \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_ Occupation/Profession \_\_\_\_\_ Chex Systems ID \_\_\_\_\_

Attorney-in-Fact Relationship to Principal \_\_\_\_\_ Explanation (Optional) \_\_\_\_\_

**TAX INFORMATION CERTIFICATION** By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a 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  Exempt  I am not a United States citizen or resident (complete W-8 form) 5

**ACKNOWLEDGMENT** Owner 1 is or applies to be a member of Nuvision Federal Credit Union ("we", "us" & "our"), or is authorized to take action, according to our Member Service Agreement (the MSA Parts 1 & 2). All owners and attorneys-in-fact ("you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving or being offered the Part 2 of the MSA, which includes the Electronic Funds Transfer, Funds Availability, Privacy Notice and Rate & Charges disclosures, and which, along with our records, comprise the terms of the MSA. Part 2 has been emailed to Owner 1's address if provided. To identify and provide you with excellent service, we may review and image your current identification. We may also obtain and use credit, account and employment reports to verify your eligibility for membership and accounts, products and services we may offer. To serve your currency needs, we may require additional information from you. You affirm all information you provide is accurate, and that this Part 1 has been completed according to your instructions. You understand the MSA governs membership and current and future accounts, products, services and other aspects of your relationship with us. You agree we may rely solely on the MSA and have no obligation to rely on any other documentation. You also understand an owner and attorney-in-fact may conduct transactions on and take action to start, maintain, change, add or terminate accounts, products and services, as explained in Part 2 of the MSA. If you provide us with a mobile phone number, you agree we may text or call you at that number about accounts, products and services you have or that we may offer. Calls may include autodialed, prerecorded or artificial voice calls. This consent is not required for membership, accounts, products or services. You may call, email or write us to opt out of these calls. We may change the MSA, and you may make changes and additions to a Part 1 form as we allow, and those changes and additions are binding on you. You may call us with questions or obtain a copy of the MSA from us during business hours and Part 2 from our website at your convenience. You may start, maintain, review, change, add or terminate an account, product, service or membership at any time according to the MSA. You affirm that the power of attorney (POA) is currently valid and effective and has not been revoked or changed in any manner that would cause any representation made in this Part 1 form or to us to be incorrect. You as the principal's attorney-in-fact also affirm that the power of attorney provides you with the authority to act on behalf of the principal with respect to the accounts, products and services the principal has with us. You agree as an attorney-in-fact that you are solely responsible for fulfilling the duties and responsibilities of the power of attorney, and that we may refer to and rely exclusively on the terms of the MSA. As the principal's attorney-in-fact (fiduciary) you agree to notify us immediately in the event of the principal's death or if your authority as the principal's attorney-in-fact is terminated for any reason. You also agree to indemnify and defend us against and hold us harmless from any loss, damage, claim or liability for reliance on the power of attorney and the terms of the MSA. To assure consent to and accuracy of the MSA, we may require a Part 1 to be notarized or re-completed and re-signed. By signing or authorizing this Part 1, using any account, product or service, or by receipt or availability of a statement, you agree to the MSA. The IRS does not require your consent to any provision of the MSA other than the certification required to avoid backup withholding (in Section 5 above). 6

Owner 1 Signature \_\_\_\_\_ Attorney-in-Fact 1 Signature \_\_\_\_\_ Attorney-in-Fact 2 Signature \_\_\_\_\_

I agree to be removed as an Attorney-in-Fact \_\_\_\_\_

OFFICE USE ONLY	Branch Name _____	Employee # _____	Date _____	Field of Membership _____	Approved by _____	Date Approved _____
	OICIA _____					