

Member Service Agreement for a POA

Part 1



CENTRAL ONE
FEDERAL CREDIT UNION

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Shrewsbury MA 01545
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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
Home Phone	Mobile Phone	Mailing Address (if different from physical address)	City	State	ZIP
E-mail	Social Security Number	Date of Birth	Driver's License - State, Number & Issue and Exp. Date		
Member Number	Employer/Retired From	Occupation/Profession	OVS		
Principal Relationship to Attorney-in-Fact		Explanation (Optional)			

ACCOUNT(S)

2

Description	Account Number	Description	Account Number	Description	Account Number
Description	Account Number	Description	Account Number	Description	Account Number
Description	Account Number	Description	Account Number	Description	Account Number

SERVICE(S) ☐ Debit Card ☐ Tel-Talk ☐ Online/Mobile Banking ☐ eStatements ☐ Pay Overdrafts for Debit/ATM

4

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

5

Attorney-in-Fact 1 Name		Address	City	State	ZIP
Member Number	Home Phone	Mobile Phone	Social Security Number	Date of Birth	E-mail Address
Driver's License - State, Number & Issue and Exp. Date			Employer/Retired From	Occupation/Profession	
Attorney-in-Fact Relationship to Principal		Explanation (Optional)			

Attorney-in-Fact 2 Name		Address	City	State	ZIP
Member Number	Home Phone	Mobile Phone	Social Security Number	Date of Birth	E-mail Address
Driver's License - State, Number & Issue and Exp. Date			Employer/Retired From	Occupation/Profession	
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)

6

ACKNOWLEDGMENT Owner 1 is or applies to be a member of Central One 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. You agree we may text or call you at the mobile phone number provided above 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 6 above).

7

Owner 1 Signature	Attorney-in-Fact 1 Signature	Attorney-in-Fact 2 Signature	I agree to be removed as an Attorney-in-Fact
State of _____ in the county of _____ Notary _____			
This Agreement was signed before me on _____ Commission Expires _____			
by _____			
Name(s) of Owner, Attorney(s)-in-Fact			

8

OFFICE USE ONLY	CU Employee Name	ID Number	Field of Membership	Date
	Notes _____ <input type="checkbox"/> CS			