



PERSONAL/INDIVIDUAL

# MEMBERSHIP & DEPOSIT ACCOUNT APPLICATION



Member # \_\_\_\_\_ (to be provided by the Credit Union)

Any credit union that operates as a division of Self-Help Credit Union may be referred to as "Credit Union."

## MEMBERSHIP IDENTIFICATION REQUIREMENTS

Name ▫ Date of Birth ▫ Evidence of Physical Address ▫ Valid Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)

Plus a COPY of one of the following → Valid Driver License ▫ Passport ▫ Government-issued ID card acceptable to the Credit Union

## MEMBERSHIP ELIGIBILITY

Membership in the Credit Union is open to anyone who meets any one of the eligibility options listed below. Select the membership eligibility option that best matches your situation (choose one).

**EMPLOYEE/ASSOCIATION**

Specify \_\_\_\_\_

1.) You work for an eligible company or organization. 2.) You are a member of an eligible association such as the Center for Community Self-Help (CCSH).

**FAMILY**

Specify \_\_\_\_\_

1.) A member of your immediate family is a member, or eligible to be a member, of the Credit Union.

**GEOGRAPHIC**

Specify \_\_\_\_\_

1.) You live, work, worship, or attend school in the Credit Union's county or counties of service.

See the Personal Application Help Sheet (found on our website) for guidance on membership eligibility and all other sections of this application.

## DESIGNATION OF ACCOUNT HOLDER(S)

Choose one:

Individual     Joint with Survivorship\*     Joint without Survivorship     Custodian     POD Trust

\*Right of Survivorship Statement We understand that by establishing a joint account under this provision that: (1) any one person named as joint owner in the account may make or direct a withdrawal from the account unless we direct that withdrawals require more than one signature; and (2) if we elect to create the right of survivorship in the account, that upon death of the one joint owner the money remaining in the account will not pass by inheritance to heirs of the deceased owner's will, but will belong to the surviving joint owner(s). We do elect to create the right of survivorship in this account.

## PRIMARY MEMBER INFORMATION

Member Name \_\_\_\_\_  
First Middle Last

SSN/ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_  
REQUIRED City State Zip Code

Mailing Address \_\_\_\_\_  
OPTIONAL City State Zip Code

Phone (home/mobile) \_\_\_\_\_ Email Address \_\_\_\_\_

Phone (work) \_\_\_\_\_ ext \_\_\_\_\_ Employer \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

For Joint, Custodian or Payable on Death Trust accounts ▶

Fill out Form J when opening a Joint, Custodian or Payable On Death Trust account. Sign and date this application and additional forms as required.

Application for membership authorizes the Credit Union to run a credit check on the applicants.

**FACTACT**

If you have a loan with the Credit Union, we may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.



ALL INFORMATION PROVIDED ON THE APPLICATION AND SUPPORTING DOCUMENTS IS MAINTAINED BY THE CREDIT UNION IN ACCORDANCE WITH SELF-HELP CREDIT UNION'S PRIVACY POLICY.

## OFAC Screening Verification

Credit Union personnel must complete this screening before opening the account, and initial here \_\_\_\_\_

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## ACCOUNT SELECTION

<input type="checkbox"/>	<b>Savings</b>	<input type="checkbox"/> Regular	<input type="checkbox"/> Holiday Club	<input type="checkbox"/> Custom Club	<input type="checkbox"/> Youth Savings (F.U.N. Club)	ATM card available (reg sav only)							
<input type="checkbox"/>	<b>Checking</b>	<input type="checkbox"/> Regular	<input type="checkbox"/> Premium	Debit card & overdraft coverage available with checking accounts									
<input type="checkbox"/>	<b>Money Market</b>					ATM card available							
<input type="checkbox"/>	<b>Term Certificate</b>	<input type="checkbox"/> Standard	<input type="checkbox"/> Green	<input type="checkbox"/> Women & Children	<input type="checkbox"/> Economic Development (this is a below market rate term certificate)								
		Specify term length (# of months). Choose one:				<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 12	<input type="checkbox"/> 18	<input type="checkbox"/> 24	<input type="checkbox"/> 36	<input type="checkbox"/> 48	<input type="checkbox"/> 60
<input type="checkbox"/>	<b>Term Certificate</b>	<input type="checkbox"/> Standard	<input type="checkbox"/> Green	<input type="checkbox"/> Women & Children	<input type="checkbox"/> Economic Development (this is a below market rate term certificate)								
		Specify term length (# of months). Choose one:				<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 12	<input type="checkbox"/> 18	<input type="checkbox"/> 24	<input type="checkbox"/> 36	<input type="checkbox"/> 48	<input type="checkbox"/> 60

**TERM CERTIFICATE DIVIDEND DISBURSEMENT OPTIONS:** Term certificate dividends are paid monthly and credited to the account, unless you indicate your preference for one of the following options: Instead of allowing dividends to remain with the balance, indicate whether certificate earnings (dividends) are to be paid by check or deposited into your Credit Union savings or money market account on a monthly or quarterly basis.

Issue check  Monthly  Quarterly      Deposit my certificate dividends into the following Credit Union account \_\_\_\_\_  Monthly  Quarterly

<input type="checkbox"/>	<b>IRA</b>	Product:	<input type="checkbox"/> Traditional	<input type="checkbox"/> Roth	<input type="checkbox"/> Coverdell Education Savings Account
		Deposit Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Term Certificate	Choose one: <input type="checkbox"/> Standard <input type="checkbox"/> Green <input type="checkbox"/> Women & Children

## ADDITIONAL ACCOUNT PRODUCTS & SERVICES

Select the products and/or services of your choice. All are optional. The product or service is free, except where indicated by an asterisk [\*]. Get more details on these products and services, and fees that may apply, by browsing our website or contacting the Credit Union.

<input type="checkbox"/> Online Banking	<input type="checkbox"/> E-statements	<input type="checkbox"/> Debit Card	<input type="checkbox"/> ATM Card	<input type="checkbox"/> Direct Deposit
<input type="checkbox"/> Bill Pay*	<input type="checkbox"/> Printed Checks*	<input type="checkbox"/> Duplicate Statements (check here and enter information on page 3)		
<input type="checkbox"/> Overdraft Coverage (choose one):	<input type="checkbox"/> Overdraft Line of Credit*	<input type="checkbox"/> Overdraft Transfer* (The source account for overdraft transfer must be a Credit Union savings or checking account. Speak with the Credit Union to specify which account.)		

**TOTAL AMOUNT OF DEPOSIT** \$ \_\_\_\_\_

Member deposit accounts are federally insured up to at least \$250,000 by the National Credit Union Administration.



If you are opening multiple accounts with your initial deposit, then use the additional space below to indicate the portion of your total deposit you wish to apply to each account chosen above.

Account: _____	Amount: _____
Account: _____	Amount: _____

## AGREEMENT & AUTHORIZATION SIGNATURES AND BACKUP WITHHOLDING CERTIFICATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures, Funds Availability Policy, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice Disclosure, and Rate and Fee Schedules; and to any amendments the Credit Union makes from time to time, which are incorporated therein. I/we specifically consent and agree that the Credit Union may provide the abovementioned legally required disclosures electronically on the Credit Union website, or in writing, or both. I/we acknowledge receipt of the abovementioned disclosures, and any other agreements and disclosures applicable to the accounts and services requested herein.

Under penalty of perjury, each signer certifies that (1) my Social Security Number or Individual Taxpayer Identification Number shown on this form, and given for this/these account(s), if applicable, is my correct Taxpayer Identification Number, and that (2) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or because the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding. Cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Initial this section if you cross out item 2.

Yes, I/we want to open my/our Credit Union account(s) and join the Credit Union if my/our membership has not already been established. I/we hereby authorize the Credit Union to open the account(s). Furthermore, I/we affirm our commitment to the mission of the Center for Community Self-Help and acknowledge that I/we are making a \$20 membership contribution to CESH (if applicable).

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Primary Account Holder)

**For Joint, Custodian or Payable on Death Trust accounts** ▶ Fill out the appropriate section of Form J. Also sign and date this application as required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Primary Applicant's Name: \_\_\_\_\_

**Duplicate Statements**

If you authorize the Credit Union to mail duplicate statements to another party (money manager, custodian, etc.) at a different address, please specify here:

Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip Code

PROVIDING THE FOLLOWING HOUSEHOLD AND REFERRAL DATA IS OPTIONAL

**HOUSEHOLD DATA**

Provide data on PRIMARY MEMBER.

Gender:  Male  Female

Ethnicity:  Non-Hispanic or Latino  Hispanic or Latino

Race:  Black or African-American  White  Asian  
 American Indian or Alaska Native  Native Hawaiian or other Pacific Islander  
 Other: please identify \_\_\_\_\_

Household Annual Income- Before Tax (Approximate):

less than \$25,000  \$25,000-\$34,999  \$35,000-\$44,999  
 \$45,000-\$54,999  \$55,000-\$64,999  \$65,000-\$74,999  
 \$75,000-\$84,999  \$85,000-\$94,999  \$95,000-\$104,999  
 \$105,000-\$114,999  greater than \$115,000 +

Number of Family Members in the Household: \_\_\_\_\_

**REFERRAL DATA**

We thank you for sharing this important information with us.

How Did You Hear About the Credit Union?

Source Please Identify by Name

Friend/Family \_\_\_\_\_

Conference \_\_\_\_\_

Business Referral \_\_\_\_\_

TV, Radio, Internet \_\_\_\_\_

Mailing/Publication \_\_\_\_\_

Other \_\_\_\_\_