



FINANCIAL CREDIT UNION

## MEMBERSHIP APPLICATION & AGREEMENT

ELIGIBILITY BASED ON

ACCOUNT NUMBER

**Account(s) to be Opened • Please check all that apply**

- |  |  |  |
|--|--|--|
| <input type="radio"/> Regular Share Savings Account        | <input type="radio"/> Special Savings Account            | <input type="radio"/> Maximum Money Market Account |
| <input type="radio"/> Explorer's Club Savings Account      | <input type="radio"/> Christmas Club Account             | <input type="radio"/> Classic Checking Account     |
| <input type="radio"/> Compass Savings Account              | <input type="radio"/> Summer Break Savings Club Account  | <input type="radio"/> Premier Checking Account     |
| <input type="radio"/> Life Savings Insurance (LSI) Account | <input type="radio"/> Golden Money Market Account (GMMA) |  |

**PATRIOT ACT NOTICE - 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 for you: When you open a new 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	
MEMBER NAME	DATE OF BIRTH	SSN, TIN or ITIN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>		
E-MAIL ADDRESS	HOW DID YOU HEAR ABOUT ECCU?		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DRIVERS LICENSE/STATE ID	MOTHER'S MAIDEN NAME	TELEPHONE	CELL PHONE
<input type="text"/>		<input type="text"/>	
EMPLOYER		WORK TELEPHONE	

<input type="text"/>	<input type="text"/>	<input type="text"/>	
JOINT OWNER #1 NAME	Joint on: <input type="radio"/> All Savings <input type="radio"/> Checking	DATE OF BIRTH	SSN, TIN or ITIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	
E-MAIL ADDRESS	DRIVERS LICENSE/STATE ID	TELEPHONE <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work	

<input type="text"/>	<input type="text"/>	<input type="text"/>	
JOINT OWNER #2 NAME	Joint on: <input type="radio"/> All Savings <input type="radio"/> Checking	DATE OF BIRTH	SSN, TIN or ITIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	
E-MAIL ADDRESS	DRIVERS LICENSE/STATE ID	TELEPHONE <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work	

**CHECKING ACCOUNT/OVERDRAFT PROTECTION**

If an account being opened is a Checking Account, I/We authorize the Credit Union to reimburse itself for any check drawn on the checking account established which it pays, to the extent which such check exceeds the checking account balance by transferring sufficient funds from other accounts as indicated below. The Credit Union may require separate documentation to establish one or more of these arrangements.

- ☐ Transfers from my/our Regular Share Savings Account
- ☐ Transfers from my/our Regular Share Savings Account first; then transfers from my/our Line of Credit Account.
- ☐ Transfers from my/our Line of Credit Account first; then transfers from my/our Regular Share Savings Account.
- ☐ No contractual overdraft protection desired

Upon the death of the owner, or the last surviving owner if there is more than one, the funds covered by this Agreement shall become the property of the beneficiary(ies) listed below who are alive at that time. In addition, each such beneficiary shall have the power to withdraw only his or her share of the remaining account balance together with any accumulations on such amount. The Multiple Name Account Agreement shall not apply to beneficiaries. No beneficiary shall have any right under any circumstances to change the terms and conditions of this Agreement.

BENEFICIARY NAME(S)	RELATIONSHIP TO MEMBER	SSN/DOB

**CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER (TIN)**

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 the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person. A U.S. person is an individual who is a U.S. citizen or a U.S. resident alien.

Cross out item 2 above if the IRS has notified you that you are subject to backup withholding and has not terminated that notification. Cross out item 3 above and complete a W-8 BEN if you are not a US person.

SIGNATURE OF MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**MEMBERSHIP APPLICATION, APPLICATION FOR ACCOUNT(S), AND AGREEMENT TO TERMS AND CONDITIONS OF MEMBERSHIP**

The person shown as "Member" hereby makes application for membership in Arbor Financial Credit Union and agrees to subscribe for at least one share. The person shown as "Member" and all other persons (if any) shown as "Joint Owner(s)" hereby make application for the account(s) indicated with the Credit Union and agree to conform to the Credit Union's bylaws as amended from time to time. The Member and all persons shown as Joint Owner(s) hereby agree with the Credit Union and with each other that the provisions of this Application together with the Membership and Account Agreement shall govern this account. An additional copy of the Membership and Account Agreement is available at any time upon request. If separate documentation is furnished to Member as part of establishing a specific account; such separate documentation shall also become part of the Membership and Account Agreement with respect to that account. The undersigned authorize(s) the Credit Union to verify credit and employment history from time to time and by any necessary means, including preparation of a consumer report by a consumer reporting agency. The undersigned acknowledge(s) receipt of a copy of the Membership and Account Agreement and the Credit Union's Rate and Fee Schedules.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Joint Owner #1

\_\_\_\_\_  
Signature of Joint Owner #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**CREDIT UNION ONLY**

\_\_\_\_\_  
Account opened by (signature)

\_\_\_\_\_  
Account reviewed by (signature)

\_\_\_\_\_  
Account approved by (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Notary Information**

State of \_\_\_\_\_ County of \_\_\_\_\_

Personally appeared before me is \_\_\_\_\_  
and I hereby witnessed the above mentioned person(s) sign this document.

*Notary Stamp And/Or Seal Required.*

**Identification Information**

Type of ID: \_\_\_\_\_ ID #: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. \_\_\_\_\_  
(Notary Signature)

Name of Notary: \_\_\_\_\_ Commission Expires: \_\_\_\_\_