

# Membership Application



## Primary Applicant

Account #		
Last Name	First Name	M.I.
Social Security #	Date Of Birth	Mother's Maiden Name
Residence Address (not PO Box)		
City	State	Zip
Mailing Address (if different)		
City	State	Zip
Cell/Home Phone #	Email Address	
Driver's License #	Driver's License State	
Employer		
Employer's Address	Position	Work Phone #
City	State	Zip
Eligibility	Employer Name _____	
<input type="checkbox"/> Employer	Family Name _____	
<input type="checkbox"/> Family Member	Community Name _____	
<input type="checkbox"/> Community		

## Joint Applicant

Last Name		
First Name	M.I.	
Social Security #	Date Of Birth	Mother's Maiden Name
Residence Address (not PO Box)		
City	State	Zip
Mailing Address (if different)		
City	State	Zip
Cell/Home Phone #	Email Address	
Driver's License #	Driver's License State	
Employer		
Employer's Address	Position	Work Phone #
City	State	Zip
Relationship To Primary Applicant		

## Joint Applicant

Last Name		
First Name	M.I.	
Social Security #	Date Of Birth	Mother's Maiden Name
Residence Address (not PO Box)		
City	State	Zip
Mailing Address (if different)		
City	State	Zip
Cell/Home Phone #	Email Address	
Driver's License #	Driver's License State	
Employer		
Employer's Address	Position	Work Phone #
City	State	Zip
Relationship To Primary Applicant		

## Change In Membership

**Account Type:**  Share/Savings  Share Draft/Checking  Money Market

**Account Services:**  Payroll Deduction/Direct Deposit  Overdraft Protection (Transfer Priority)  
 ATM Card  Debit Card  ECCU Online  Bill Payer Service  Other

**Account Ownership:**  Individual  Joint Tenants With Rights Of Survivorship  Revocable Trust  
 Irrevocable Trust  Fiduciary

**Account Designations:**  Payable On Death (POD)/Trust Account  All Accounts  
 Designate Specific Account(s)

Beneficiary/POD Payee \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_

Beneficiary/POD Payee \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_

In order to comply with the U.S. Patriot Act, Educational Community Credit Union is required to verify the identity of members applying for and opening new accounts/services or adding signatories to existing accounts/services with the credit union. Information we are required to obtain includes name, mailing address, residence address (if different), social security number or tax identification number, date of birth and a copy of a government-issued ID, such as driver's license, passport, student ID, state-issued ID, etc. Additional data or identification, as required under the Patriot Act, may also be gathered, depending on the type of account applied for or opened. Data on existing members will be gathered as they open or use additional services offered by the credit union or add signatories on accounts. The Patriot Act requires the credit union to maintain records of the identification verification and update the information. Confidentiality of this information will be maintained as required under the Privacy Act and all other applicable laws and regulations.

Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), (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).

**Certification Instructions.** Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

**X** \_\_\_\_\_  
 Applicant Signature Date

**X** \_\_\_\_\_  
 Joint Applicant Signature Date

**X** \_\_\_\_\_  
 Joint Applicant Signature Date

In addition, I/we authorize the credit union to check my/our account, credit and employment history and obtain a credit report from third parties, including credit reporting agencies to verify my/our eligibility for accounts and services.

### Authorization

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth In Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We have received and read the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of an acknowledge receipt of the Electronic Funds Transfer Agreement and disclosure.

**X** \_\_\_\_\_  
 Applicant Signature Date

**X** \_\_\_\_\_  
 Joint Applicant Signature Date

**X** \_\_\_\_\_  
 Joint Applicant Signature Date

<b>FOR CREDIT UNION USE ONLY</b>	
DATE OF MEMBERSHIP _____	QUALIFILE/OFAC VERIFY _____
OPENED BY _____	PICTURE ID ON FILE <input type="checkbox"/>