

Community Choice Credit Union Membership & Checking Application

(Please Print)

Account Number: _____

Check the box next to the account(s) you want to open:

Account type: Savings Checking

Applicant Information

Name: _____
(first name) (middle initial) (last name)

Social Security Number: _____

Address: _____

Driver's License Number: _____

City: _____ St: _____ Zip: _____

Date of Birth: _____

Home Phone: () _____

Mother's Maiden Name: _____

Employer: _____

Work Phone: () _____

Eligibility for Membership: _____

E-mail Address: _____

Name and Address of Nearest Relative Not Living With You: _____

Joint Owner Information

Name: _____
(first name) (middle initial) (last name)

Social Security Number: _____

Address: _____

Driver's License Number: _____

City: _____ St: _____ Zip: _____

Date of Birth: _____

Home Phone: () _____

Mother's Maiden Name: _____

Employer: _____

Work Phone: () _____

Relationship to Primary Member: _____

E-mail Address: _____

Name and Address of Nearest Relative Not Living With You: _____

Name: _____
(first name) (middle initial) (last name)

Social Security Number: _____

Address: _____

Driver's License Number: _____

City: _____ St: _____ Zip: _____

Date of Birth: _____

Home Phone: () _____

Mother's Maiden Name: _____

Employer: _____

Work Phone: () _____

Relationship to Primary Member: _____

E-mail Address: _____

Name and Address of Nearest Relative Not Living With You: _____

Account Designations

Payable on Death (POD)/ Trust Account

Beneficiary: _____

Beneficiary: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Beneficiary: _____

Beneficiary: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

UTTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN _____

TIN/SSN Certification and Back-up Withholding Information

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (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).

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.

Savings Account 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 acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. I/We authorize the Credit Union to check my/our credit and/or employment history and to answer questions and report my/our credit experience with the Credit Union. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.**

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

Share Draft / Checking Account Authorization

I/We hereby authorize the Community Choice Credit Union (the Credit Union) to establish a special share account for me/us to be known as "SHARE DRAFT ACCOUNT." The Credit Union is authorized to pay share drafts signed by me (or by any of us, if this agreement is signed by more than one person) and to charge the payments against the Share Draft Account. 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. It is agreed that:

- (a) only share draft blanks and other methods approved by the Credit Union may be used to withdraw funds from this Share Draft Account.
- (b) the Credit Union is under no obligation to pay a share draft which exceeds the balance in the Share Draft account; the Credit Union may, however, pay such a share draft and charge the amount of the resulting overdraft plus a service charge against any other share account from which the person who signed the share draft is entitled to withdraw shares; the Credit Union is under no obligation to pay a share draft on which the date is more than six months old.
- (c) except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a share draft.
- (d) any objection respecting any item shown on a monthly statement of the Share Draft Account shall be waived unless made in writing to the Credit Union on or before the twentieth (20th) day following the day the statement is mailed.
- (e) all non-cash payments received on shares in the Share Draft Account will be credited subject to final payment.
- (f) the Share Draft account shall be subject to service charges in accordance with the rate schedules adopted by the Credit Union from time to time.
- (g) the use of the Share Draft Account is subject to such other terms, conditions, and requirements as the Credit Union may establish from time to time.

Sufficient funds for all charges must be made before charges are posted to the checking account or an overdraft will occur and an additional charge will be made.

I/We certify that all statements made by me/us on this application are true and complete and are made for the sole purpose of obtaining a Share Draft/ Checking Account from the Credit Union. I/We understand you will retain this application whether or not it is approved. I/We authorize the Credit Union to make whatever credit and employment history inquiries it deems necessary in connection with my/our Share Draft Account. I/We authorize and instruct any person or consumer reporting agency to comply and furnish the Credit Union any information it may have or obtain in response to such credit inquiries and agree that same shall remain Credit Union's property whether or not the Share Draft account is approved and to answer questions about your credit experience with me/us.

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

For Credit Union Use Only

Opened by: _____ Date of Membership: _____ Verified by: _____ Date Verified: _____

Account Information New Account Adding a Checking Account Adding Joint Owner(s) Kirby Account
 Reopen Account Name Change Deleting Joint Owner(s) Senior's Club

Credit Report: Owner: _____ Joint Owner: _____ **ChexSystems:** Owner: _____ Joint Owner: _____

Checklist: State Issued Picture ID Member Details Associations Diary Memos Alter Account Details