



# Associated Healthcare Credit Union



*As a healthcare employee you have access to Associated Healthcare Credit Union (AHCU) to make your money work harder for you. AHCU has branches in Eagan, Coon Rapids, Fridley, Minneapolis, Maplewood and three St. Paul locations.*

## The Benefits of AHCU membership:

**Pay less when you borrow.** AHCU offers low, competitive lending rates, saving you money. From car loans to Home Equity loans, AHCU can help you finance what you need. Call AHCU about refinancing any loans you have with other financial institutions, we may be able to help you save money.

**Earn more when you save.** The credit union offers higher dividends allowing you to earn more money on your savings, certificates of deposit, money markets, and IRAs when those accounts are at AHCU.

**Convenience, 24x7 Service on your account.** Working in the healthcare industry means you are busy and need convenient access to your money. That's why we have made sure you can access and inquire about your accounts anywhere, anytime.

- Log on to your accounts to check balances or pay bills at anytime.  
**[www.ahcu.org](http://www.ahcu.org)**
- Access to a large, surcharge free ATM network. Using the MoneyPass ATM network, AHCU members can withdraw money at a location nearby, without paying a fee.
- Visit any CU Shared Service Center to do transactions on your account.  
**[www.cuservicecenter.com](http://www.cuservicecenter.com)**

There are many other reasons to join AHCU. Visit our website at **[www.ahcu.org](http://www.ahcu.org)** to find out more details about all of our products and services, and for our current rates.

## How to join AHCU

You can start enjoying the benefits of credit union membership when you open a Share Savings account with a \$10 minimum deposit. This is your “share” in the credit union, and you become not just a member, but an owner! An application can be downloaded at [www.ahcu.org](http://www.ahcu.org) or call Paul at 651-383-4000, ext. 120 to have one sent to you.





**ASSOCIATED  
HEALTHCARE**  
Credit Union

Dear Potential Member,

Attached you will find an application for membership. To open a saving account please provide the following:

- Minimum deposit of \$10.00
- Copy of State Identification
- If mailing, please have the signature on the membership application notarized.

If applying for a line of credit or VISA please enclose a copy of your most recent pay stub for income verification.

Thank you for your interest in the credit union and we look forward to opening your new account.

Sincerely,

**ASSOCIATED HEALTHCARE** Credit Union



# MEMBERSHIP APPLICATION

A \$10 minimum deposit, copy of your valid State Identification Card is required with this completed form to open a share savings account. When opening a checking account, be sure to complete and return a check order form. If opening by mail signature(s) must be notarized.

Member # \_\_\_\_\_

Date \_\_\_\_\_

- Share Savings Account (required)  Individual  Joint
- ATM
- Checking Account
  - Debit Card 1 card / 2 cards
  - Design 1 / Design 2
- Holiday Club or Savings Club  IRA- ESA
- Money Market Account  IRA- Money Market Account
- Certificate Of Deposit  IRA- Certificate Of Deposit
- eStatement
- Access\*Online

### Primary Applicant

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ How are you eligible for membership? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Email Address \_\_\_\_\_  Backup Withholding: Check the box if you are NOT subject to backup withholding of dividends

Cell Phone ( ) \_\_\_\_\_ under the provisions of section 32406(a)(1)(c) of the Internal Revenue Code. (See Reverse Side)

### Checking Account Information

Have you or any joint owner ever had a checking account at this or another financial institution within 12 months of making this application?

No  Yes Account No. \_\_\_\_\_ Name of Institution \_\_\_\_\_ Address \_\_\_\_\_

Have you or any joint owner ever had a checking account CLOSED by a financial institution without your/their consent within 12 months of making this application?

No  Yes Reason \_\_\_\_\_

Have you or any joint owner been convicted of a criminal offense because of the use of a check or similar item within 24 months of making this application?

No  Yes

Everything I/we have stated in this application is true to the best of my/our knowledge. I/we understand that AHCU will retain this application whether or not it is approved. AHCU is authorized to verify my/our employment, check my/our credit history, and to answer any questions about credit experience with me/us. By making this application, I/we agree to (1) the terms and conditions governing a; AHCU accounts; (2) the terms of any agreements for specific services such as checking, savings, term deposits, and electronic banking, and (3) the terms of AHCU's rate and fee schedule as amended from time to time. I/we also agree to all terms, whether posted on your premises, printed on deposit slips, printed on the reverse side, contained in AHCU's rate and fee schedule, or enclosed with my/our statements. I/we understand that any of these terms may be changed by AHCU from time to time. In considering this application AHCU may request and use a report from an outside credit reporting agencies. AHCU may also ask a reporting agency or agencies for other such reports in connection with renewal or continuation of the credit for which I/we are applying. Upon request AHCU will supply the names and address of the credit bureau providing such information. I/we acknowledge notice of this disclosure. If this application is approved and a VISA /Debit card(s) issued, I/we agree by signing, or permitting another to use the VISA/Debit card(s) to be bound by the Cardholder Agreement accompanying the card(s).

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Joint Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING**

Beginning January 1, 1984, payers must generally withhold 20% of taxable interest, dividend and certain other payments if you fail to furnish payers with the correct taxpayer identification number (this is referred to as backup withholding). For most individual taxpayers, the taxpayer identification number is the social security number.

To prevent backup withholding on these payments, be sure to notify payers of the correct taxpayer identification number and, for accounts opened after December 31, 1983, properly certify that you are not subject to backup withholding under section 3406(a)(1)(C).

You are subject to backup withholding if:

- (1) You fail to furnish your taxpayer identification number to the payer, OR;
- (2) The Internal Revenue Service notifies the payer that you furnished an incorrect taxpayer identification number, OR;
- (3) You are notified that you are subject to backup withholding under section 3406(a)(1)(C), OR;
- (4) For an interest or dividend account opened after December 31, 1983, you fail to certify to the payer that you are not subject to backup withholding under section 3 above, or fail to certify your taxpayer identification number.

**PENALTIES**

- (1) **PENALTY FOR FAILURE TO FURNISH TAXPAYER IDENTIFICATION NUMBER**-If you fail to furnish your taxpayer identification number to a payer, you are subject to a penalty of \$50 for each such failure unless your failure is due to a reasonable cause and not to willful neglect.
- (2) **FAILURE TO REPORT CERTAIN DIVIDENDS AND INTEREST PAYMENTS**-If you fail to include any portion of an includable payment for interest, dividends, or patronage dividends in gross income, such failure will be treated as being due to negligence and will be subject to a penalty of 5% on any portion of an underpayment attributable to that failure unless there is clear and convincing evidence to the contrary.
- (3) **CIVIL PENALTY FOR FALSE INFORMATION WITH RESPECT TO WITHHOLDING**-If you make a false statement with no reasonable basis which results in no imposition of backup withholding, you are subject to a penalty of \$500.
- (4) **CRIMINAL PENALTY FOR FALSIFYING INFORMATION**-Falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**JOINT SHARE ACCOUNT AGREEMENT (NOT TRANSFERABLE)**

Associated Healthcare Credit Union is authorized to recognize any of the signatures subscribed on the front of this application in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with the credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to the credit union as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship, and be subject to the withdrawal or receipt of any of them. and payment to any of them or the survivor or survivors shall be valid and discharge the credit union from any liability for such payment. Any or all of the joint owners may pledge all or part of the shares in this account as collateral security to a loan or loans from the credit union. The right or authority of the credit union under this agreement shall not be changed or terminated by the joint owners, or any of them except by written notice to the credit union which shall not affect transactions theretofore made.

**Additional Account Designations**

**PAYABLE ON DEATH (POD)/TRUST ACCOUNT**       All Accounts       Designate Specific Account(s) \_\_\_\_\_

Beneficiary \_\_\_\_\_      Beneficiary \_\_\_\_\_

Address \_\_\_\_\_      Address \_\_\_\_\_

**UTTMA/UGMA** (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfer/Gifts to Minors Act)

Minors TIN/SSN \_\_\_\_\_

**Joint Applicant**

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_