



**ASSOCIATED
HEALTHCARE**
Credit Union

ADDENDUM TO MEMBERSHIP APPLICATION

Date	Member Number

SECTION A: Type of Account Desired (Check all that apply.)

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Debit Card | <input type="checkbox"/> IRA- Traditional | <input type="checkbox"/> EZ Checking Account |
| <input type="checkbox"/> Holiday/Club | <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> IRA- Roth IRA |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> Education IRA | <input type="checkbox"/> Healthy Rewards Dividend Checking Account |
| | | <input type="checkbox"/> Healthy Rewards Cash Back Account |

SECTION B: Primary Applicant (Please complete all sections, and sign at the bottom.)

Name	Last	First	Middle	Date of Birth	Social Security #	Email Address:
Home Phone	Business Phone			Drivers License #		
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SECTION C: Joint Applicant (Please complete if you wish to have another individual listed joint on your account as indicated in Section A.)

Name	Last	First	Middle	Date of Birth	Social Security #	Email Address:
Home Phone	Business Phone			Drivers License #		
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SECTION D: Checking Account (Primary applicant must complete the following.)

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 other similar item within 24 months of making this application?

☐ No ☐ Yes

Section E: Additional Account Designations

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> PAYABLE ON DEATH (POD)/TRUST ACCOUNT | <input type="checkbox"/> All Accounts | <input type="checkbox"/> 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 _____
- ☐ AGENCY Name of Agent _____
- ☐ All Accounts ☐ Designate Specific Account(s) _____

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 vail 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.

(BOTH SIGNATURES REQUIRED FOR JOINT ACCOUNT-
ANY FAX TRANSMISSION OF YOUR SIGNATURE WILL BE HELD EQUALLY ENFORCEABLE AS YOUR GENUINE SIGNATURE)

Everything I/we have stated in this application is true to the best of my/our knowledge. I/we understand that AHCUC will retain this application whether or not it is approved. AHCUC 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; AHCUC accounts; (2) the terms of any agreements for specific services such as checking, savings, term deposits, and electronic banking, and (3) the terms of AHCUC'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 AHCUC's rate and fee schedule, or enclosed with my/our statements. I/we understand that any of these terms may be changed by AHCUC from time to time. In considering this application AHCUC may request and use a report from an outside credit reporting agencies. AHCUC 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 AHCUC 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

X

X

For Credit Union Use Only

Chexsystems : ☐ Approved ☐ Declined Code _____
I.D. Scanned ☐ No ☐ Yes

CU Employee's Initials _____ Date _____

03/12:1000