



**ASSOCIATED
HEALTHCARE
Credit Union**

MEMBERSHIP APPLICATION

| | |
|--------------------------------------|--|
| Date | Member Number |
| <input type="checkbox"/> New Account | <input type="checkbox"/> Re-open Account |

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.

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

| | |
|---|--|
| Share Savings Account (Required) <input type="checkbox"/> Individual <input type="checkbox"/> Joint | IRA Account |
| Debit Card <input type="checkbox"/> 1 Card <input type="checkbox"/> 2 Cards | <input type="checkbox"/> Traditional IRA |
| <input type="checkbox"/> Holiday Savings Club | <input type="checkbox"/> Roth IRA |
| <input type="checkbox"/> Club Savings _____ | <input type="checkbox"/> Checking Accounts |
| <input type="checkbox"/> Money Market Account | <input type="checkbox"/> Healthy Rewards Dividend |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Healthy Rewards Cash Back |
| <input type="checkbox"/> EZ Checking | <input type="checkbox"/> Line of Credit Loan |
| | Desired credit limit \$ _____ (\$500-\$5000) |
| | <input type="checkbox"/> VISA Platinum |
| | Desired credit limit \$ _____ (Up to \$25,000) |
| | <input type="checkbox"/> VISA Platinum Rewards |
| | Desired credit limit \$ _____ (Up to \$25,000) |

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

| | | |
|--------------------------------------|-------------------------|---|
| Name Last First Middle Date of Birth | Social Security # | Code Word: |
| Home Address (No P.O. Boxes) | Drivers License # | |
| City State Zip | Email Address: | Membership Eligibility: |
| Home/Cell Phone () | Business/Cell Phone () | <input type="checkbox"/> Backup Withholding : Check the box if you are NOT subject to backup withholding of dividends under the provisions of section 32406 (a)(1)(C) of the Internal Revenue Code. (See Reverse Side) |

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 Address (No P.O. Boxes) | Drivers License # | |
| City State Zip | Home Phone () | Business Phone () |

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? <input type="checkbox"/> No <input type="checkbox"/> Yes Account No. _____ | 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? <input type="checkbox"/> No <input type="checkbox"/> Yes Reason _____ |
| Name of Institution _____ | 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? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Address _____ | |

SECTION E: VISA, Line of Credit (Primary and joint applicants must complete the following information)

Select Overdraft Protection (please check one):

- ☐ 1. Transfer authorization from shares only to cover overdrafts
☐ 2. Transfer authorization from a line of credit loan and then shares to cover overdrafts.

| | | | |
|--|-----------------------|--|-----------------------|
| Applicant employer | Gross monthly income | Applicant employer | Gross monthly income |
| Position/Title | Years Employed | Position/Title | Years Employed |
| <input type="checkbox"/> Renter | Rent or Mortgage Pymt | <input type="checkbox"/> Renter | Rent or Mortgage Pymt |
| <input type="checkbox"/> Home Owner | Total Mthly Debt | <input type="checkbox"/> Home Owner | Total Mthly Debt |
| Nearest relative or friend not living with you | Relationship | Nearest relative or friend not living with you | Relationship |
| Home Address | Home/Cell Phone () | Home Address | Home/Cell Phone () |

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

X

JOINT APPLICANT'S SIGNATURE

DATE

X

(BOTH SIGNATURES REQUIRED FOR JOINT ACCOUNT- IF OPENING BY MAIL, SIGNATURE(S) MUST BE NOTARIZED.
ANY FAX TRANSMISSION OF YOUR SIGNATURE WILL BE HELD EQUALLY ENFORCEABLE AS YOUR GENUINE SIGNATURE)

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 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.

Section F: Additional Account Designations

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|--|---------------------------------------|--|
| <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 _____

| | |
|---------------------------------------|--|
| <input type="checkbox"/> All Accounts | <input type="checkbox"/> Designate Specific Account(s) _____ |
|---------------------------------------|--|

For Credit Union Use Only

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

CU Employee's Initials _____ Date _____