



5500 Britton Parkway
Hilliard, OH 43026
(614) 487-6650 FAX (614) 487-6659

MEMBERSHIP APPLICATION & AGREEMENT

Account Type(s):	<input type="checkbox"/> Share Savings	<input type="checkbox"/> Second Savings	<input type="checkbox"/> Youth Savings	<input type="checkbox"/> Young Adult Savings	<input type="checkbox"/> IRA Savings
	<input type="checkbox"/> Cash Back Rewards Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Young Adult Money Market	<input type="checkbox"/> Christmas Club Savings	<input type="checkbox"/> Checking
	<input type="checkbox"/> Checking Plus	<input type="checkbox"/> Silver Advantage Checking	<input type="checkbox"/> Young Adult Spending	<input type="checkbox"/> Standard Term Share Certificate; _____ (term)	<input type="checkbox"/> IRA Term Share Certificate; _____ (term)
	<input type="checkbox"/> _____				
	<input type="checkbox"/> Bump Up Term Share Certificate; _____ (term)				
	<input type="checkbox"/> Educational Growth Term Share Certificate; _____ (term)				
Account Ownership:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> POD	<input type="checkbox"/> _____	

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account.

What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

Primary Member Information

Are You a Non-Resident Alien? Yes No

Eligibility	First Name	Last Name	M.I.	Suffix
Address Line 1	Address Line 2	City	State	Zip
Home Phone	Cell Phone	Business Phone	E-Mail Address	Birth Date
				Mother's Maiden Name
Social Security Number	Driver's License Number/State/Exp. Date	Employer		

Joint Owner 1 Information

Joint Owner Other Specify: _____

Eligibility	First Name	Last Name	M.I.	Suffix
Address Line 1	Address Line 2	City	State	Zip
Home Phone	Cell Phone	Business Phone	E-Mail Address	Birth Date
Social Security Number	Driver's License Number/State/Exp. Date	Employer		

Joint Owner 2 Information

Joint Owner Other Specify: _____

Eligibility	First Name	Last Name	M.I.	Suffix
Address Line 1	Address Line 2	City	State	Zip
Home Phone	Cell Phone	Business Phone	E-Mail Address	Birth Date
Social Security Number	Driver's License Number/State/Exp. Date	Employer		

Payable-On-Death Account Beneficiary Designation

In the event of Your death, You hereby designate the following beneficiary(ies).

Name _____	Address _____	Social Security Number _____	% _____
Name _____	Address _____	Social Security Number _____	% _____
Name _____	Address _____	Social Security Number _____	% _____
Name _____	Address _____	Social Security Number _____	% _____

VISA Debit Card/Phone Banking/Internet Banking

You are requesting the convenience of 24-hour access to Your Credit Union Account(s) with VISA Debit Card, Phone Banking, and/or Internet Banking in conjunction with a Personal Identification Number (PIN) or Access Code. Your Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your checking account.

You would like: VISA Debit Card Phone Banking Internet Banking

Name on Card 1: _____ Name on Card 2: _____

Name on Card 3: _____

