



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

# MEMBERSHIP APPLICATION & AGREEMENT

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

## 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 _____	% _____

### ATM Card/VISA Check Card/Phone Banking/Internet Banking

You are requesting the convenience of 24-hour access to Your Credit Union Account(s) with ATM Card, VISA Check 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:  ATM Card  VISA Check Card  Phone Banking  Internet Banking

Name on Card 1: \_\_\_\_\_ Name on Card 2: \_\_\_\_\_

Name on Card 3: \_\_\_\_\_

## Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code \_\_\_\_\_

**INSTRUCTION TO SIGNER.** If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

**DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.**

We will be unable to open an Account for You without a taxpayer identification number.

## Request to Receive Electronic Documentation (Including E-Statements)

If this box is checked, You request that We provide documentation to You electronically according to the Consent to Receive Electronic Documentation Disclosure, which You acknowledge that You have read, You understand and You agree to its terms. Your consent to receive electronic documentation will not be effective unless and until You electronically affirm Your consent with the Credit Union in a manner that demonstrates Your ability to receive such documentation in electronic form.

## Consent To Contact Agreement ("Agreement")

By signing below, You agree that We may, subject to applicable law, initiate telephone calls to any residential line (wireline service), cellular telephone service, or other wireless service associated with Your Account through use of pre-recorded or artificial voice messages and/or the use of automatic telephone dialing systems, in order for Us to service Your Account, prevent fraud, collect any amounts owed to Us by You, and otherwise conduct Our business with You. If you furnish Us with one or more cellular telephone numbers in connection with Your Account, You represent You are or will be the cellular telephone subscriber with respect to each such number, and that Your consent extends to all such numbers You provide to Us. You understand that the telephone calls We may initiate may result in charges to You by any cellular telephone, internet, or other digital or electronic service to which You subscribe, and You understand and agree that You are solely responsible for the payment of any such charges.

**Signatures:** By signing below, You acknowledge that You have received, read and understand this Agreement, and that you agree to its terms.

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

## Signatures

You hereby apply for membership with Credit Union of Ohio, Inc. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Credit Union of Ohio, Inc. in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Credit Union of Ohio, Inc. to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

**The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Applicant's (Primary Member) Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Owner #1 Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Owner #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

## Credit Union Use Only

Date Entered \_\_\_\_\_ Staff Initials \_\_\_\_\_ ChexSystems: \_\_\_\_\_ Member Number \_\_\_\_\_ SDC Number \_\_\_\_\_