

# New Membership Application

## and Change of Account Form

Account #

**Ownership of Accounts**

Individual      
 Joint Account      
 Trust      
 Minor      
 P.O.D.

**Member Information**

Primary Name (First, Middle, Last)	Social Security Number	Date of Birth
Street Address	City	State & Zip
Mailing Address (if different)	Mother's Maiden Name	Place of Birth
Home Phone	E-Mail Address	
Work Phone	Driver's License #/State/Exp Date	

**Membership Eligibility**

Applicant's Employer	Location or School (If applicable)	
Sponsoring Family Member Name (if applicable)	Sponsor's Account #/Student	Relationship to Applicant

**Joint Owner Information**

Joint Owner Name	Social Security Number	Date of Birth
Street Address	City	State & Zip
Driver's License #/State/Exp Date	Home Phone	Work Phone

Joint Owner Name	Social Security Number	Date of Birth
Street Address	City	State & Zip
Driver's License #/State/Exp Date	Home Phone	Work Phone

**Payable on Death**

Name	Social Security Number
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**Certification of Taxpayer Identification**

I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN) shown is my correct identification number. I am indicating below that I am/am not subject to backup withholding according to IRS regulations.

I am  I am not  subject to backup withholding     
 I am a US Citizen  I am a Resident Alien  I am a Non-Resident Alien (complete form W-8 ben)

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

**Signatures**

I/we hereby apply for membership with Educational Systems FCU and agree: a) to conform to its bylaws, Federal Credit Union Act, NCUA Rules and Regulations and any amendments; b) to subscribe to account agreements, adhering to balance requirements, which includes transferring funds between accounts to meet minimum balance requirements in each account. c) to all terms/agreements/fees pertaining to any accounts opened; that are adopted and amended by the Credit Union; d) that the Credit Union can use any credit reporting agencies or otherwise verify the information on this application for the purpose of extending services; that the Credit Union can tell others about its experience with me/us and obtain information from others about my/our credit history and performance. If requested, the Credit Union will tell me/us the name and address of any reporting agency from which it received a credit report on me/us; and e) if joint owners or convenience persons are on this account, any sub accounts are also opened under this general account and it shall be presumed that such accounts are also intended as such. I/we further certify that I/we are eligible for Educational Systems FCU's field of membership. I/we understand the Credit Union has published an Electronic Funds Transfer Agreement and Disclosure, Membership Account Agreement and a Privacy Notice and Disclosure. I/we acknowledge that the Truth in Savings disclosures for Savings and Checking Accounts have been furnished to me/us by the Credit Union, and its terms are incorporated as part of this agreement. If applying for membership by mail or fax, I/we understand that these disclosures will be mailed to me/us within 10 days of receipt of the application. I/we further agree that if I/we use Educational Systems FCU's Online Service to enroll in BillPayer, I/we are also fully responsible for all payments from my/our checking account. This agreement supersedes any previous account agreement.

Primary Member Signature <b>X</b>	Date
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Joint Owner Signature <b>X</b>	Date	Joint Owner Signature <b>X</b>	Date
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Account Type	Account Services	Account Changes
<input type="checkbox"/> New Savings Account <input type="checkbox"/> Money Market <input type="checkbox"/> Checking <input type="checkbox"/> Certificates <input type="checkbox"/> Special Purpose Club [                      ]	<input type="checkbox"/> Visa Check Card <input type="checkbox"/> ATM Card <input type="checkbox"/> ART <input type="checkbox"/> Online <input type="checkbox"/> eServices	<input type="checkbox"/> Name Change <input type="checkbox"/> Joint Change <input type="checkbox"/> New Account #

**For Credit Union Use Only**

Date of New Account	Opened By	Teller #
Equifax/Chexsystems	Membership Officer/Quality Control	
OFAC		
<input type="checkbox"/> Enote <input type="checkbox"/> Card ordered <input type="checkbox"/> eServices <input type="checkbox"/> Checks Ordered [ T type                      ] <input type="checkbox"/> Payroll Setup <input type="checkbox"/> ART/Online Setup		