

New Membership Application and Change of Account Form

Account Number

Account Ownership				Account Changes		
<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Account	<input type="checkbox"/> Minor	<input type="checkbox"/> P.O.D.	<input type="checkbox"/> Name Change	<input type="checkbox"/> Joint Change	<input type="checkbox"/> P.O.D. Change

Membership Information		
Primary Name (First, Middle, Last)	Social Security Number	Date of Birth
Street Address	City	State and Zip
Mailing Address (If different)	Mother's Maiden Name	Place of Birth
Home Phone	Email Address	
Work Phone	Driver's License Number/State/Expiration Date	

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

Joint Owner Information		
Joint Owner Name	Social Security Number	Date of Birth
Street Address	City	State and Zip
Driver's License Number/State/Expiration Date	Home Phone	Work Phone

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

Payable on Death	
Name	Social Security Number

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 or I 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 Services does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

Courtesy Pay Authorization

- I do not want Educational Systems FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.
- I want Educational Systems FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Signatures

I/we hereby apply for membership with Educational Systems FCU and agree: a) to its bylaw, Federal Credit Union Act, NCUA Rules and Regulations and any amendment; b) to subscribe to share (savings) 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 account 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 receives 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 20 days of receipt of this application. I/we further agree that if I/we use Educational Systems FCU's Online Service to enroll in Bill Pay, I/we are also fully responsible for all payments from my/our checking account. This agreement supersedes any previous account agreements.

Primary Member Signature	Date
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Joint Owner Signature	Date	Joint Owner Signature	Date
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Account Type				
<input type="checkbox"/> New Savings Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Money Market	<input type="checkbox"/> Premium Summer Pay	<input type="checkbox"/> Special Purpose Club

For Credit Union Use Only		
Date of New Account	Opened by	Teller Number
Equifax	Membership Officer/Quality Control	
OFAC		
<input type="checkbox"/> Enote	<input type="checkbox"/> Card	<input type="checkbox"/> Email Manager
<input type="checkbox"/> Checks	<input type="checkbox"/> Direct deposit	<input type="checkbox"/> ART
<input type="checkbox"/> Premium Courtesy Pay		



Federally insured by NCUA

