



Association Account Application and Change of Account Form

Account Number

Association Information		
Association Name	Tax Identification Number	Date Established
Principle Place of Business Street Address	City	State and Zip
Mailing Address (if different)	Phone	
Email Address		

Official's Information			
Official's Name (First, Middle, Last)		Title	
Street Address	City	State and Zip	
Driver's License Number/State/Issue Date/Expiration Date	Mobile Phone	Home Phone	Work Phone

Official's Name (First, Middle, Last)		Title	
Street Address	City	State and Zip	
Driver's License Number/State/Issue Date/Expiration Date	Mobile Phone	Home Phone	Work Phone

Official's Name (First, Middle, Last)		Title	
Street Address	City	State and Zip	
Driver's License Number/State/Issue Date/Expiration Date	Mobile Phone	Home Phone	Work Phone

Signatures			
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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.

Official's Signature	Title	Date
Official's Signature	Title	Date
Official's Signature	Title	Date

Account Types Requested	Account Changes
<input type="checkbox"/> New Savings Account <input type="checkbox"/> Checking <input type="checkbox"/> Money Market	<input type="checkbox"/> Signer Change <input type="checkbox"/> Name Change
For Credit Union Use Only	
Date of New Account	Opened By _____ Teller Number _____
OFAC	Membership Officer/Quality Control
<input type="checkbox"/> Enote <input type="checkbox"/> Debit Card Ordered <input type="checkbox"/> eServices <input type="checkbox"/> Checks <input type="checkbox"/> Direct Deposit <input type="checkbox"/> ART	



Federally insured by NCUA