

# The Southern Credit Union – Membership Application

**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.

1. <b>Member Information:</b> Print Your Full Name [Including Middle Initial and Suffixes – Jr., Sr.]			Member’s E-Mail Address:
Title of Account (If Different from section 1 above)	Member SSN or TIN:	Driver’s License Number	
Street Address	Apt.#	Date of Birth	
City	State	Zip Code	Primary Phone Number
Mailing Address (If Different from Street Address)			Secondary Phone Number
City	State	Zip Code	Alternate Phone Number

2. I certify that I am eligible for Credit Union Membership based on the following: (Please initial one of the following)

<input type="checkbox"/>	Employer/Association	Name of employer, family member, or county of residence (please print)
<input type="checkbox"/>	County of Residence	Account Number of Family Member
<input type="checkbox"/>	Credit Union Family Member	Address
	City	State Zip

3. Parties listed herein will be deemed JOINT OWNERS unless you indicate the following (Please initial)  Trustee

<u>Name (Please Print):</u>	<u>Date of Birth:</u>	<u>Social Security Number:</u>	<u>Drivers License Number:</u>
1. _____	_____	_____	_____
Address: _____	Phone _____	Occupation: _____	
2. _____	_____	_____	_____
Address: _____	Phone _____	Occupation: _____	

4. eStatements: I elect to receive my periodic statement electronically (please initial) \_\_\_\_\_

\*\* eStatement members are eligible for Bill Payment at no charge

5. Member Occupation (**REQUIRED**): \_\_\_\_\_

6. Password Protection (**REQUIRED**): For security purposes to access information about your accounts via the telephone, you must provide a password. Your password may be alpha or numeric and up to ten characters in length.

PASSWORD: 

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7. Communications Consent: If a cell number or text contact (together “contact”) is provided on this card; or if I/we later provide such to the Credit Union via other communications including online banking or social media, I/we consent and agree that the Credit Union may use this contact to provide information to me/us about my/our accounts and services, to reply to any inquiry, or to provide other information via calling; texting or otherwise. This contact may be by dialing the cell phone, by autodialer, text or robo text methods. I /we understand that this consent is not required to obtain any loan or services from the Credit Union.

8. AUTHORIZED SIGNATURES: BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN AND ON THE REVERSE SIDE OF THIS CARD

1. _____ Signature	_____ Date	3. _____ Signature	_____ Date
2. _____ Signature	_____ Date	4. _____ Signature	_____ Date

**SEE THE REVERSE SIDE OF THIS APPLICATION FOR IMPORTANT AGREEMENTS AND CERTIFICATIONS TO US AND TO THE FEDERAL GOVERNMENT**

**THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

**W-9 CERTIFICATION – IF DEPOSITOR IS U.S. CITIZEN OR RESIDENT ALIEN UNDER PENALTIES OF PERJURY:**

I certify (1) that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding under Federal Laws or a specific FATCA Exempt Payee Code ( \_\_\_\_ enter code here from W-9 instructions), or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and (3) I am a U.S. person (including a U.S. Resident alien.) Certification instructions: **You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.**

**W-8 CERTIFICATION – IF DEPOSITOR IS FOREIGN PERSON OR ENTITY: Certification is provided on a separate document.**

**PAYABLE ON DEATH (POD): COMPLETE ONLY IF POD – NOT TO BE USED FOR IRA OR OTHER RETIREMENT PLAN ACCOUNTS**

1. Name:	Address:	Beneficiary's Drivers License
Relationship:	Birth Date:	Beneficiary's SSN:
2. Name:	Address:	Beneficiary's Drivers License
Relationship:	Birth Date:	Beneficiary's SSN:

This POD designation only applies to the Account listed on the Reverse Side Of This Card. I/we understand that I/we can individually or jointly withdraw the money in this account during my/our lifetime. If any beneficiary is not living, funds shall be paid as expressly required by applicable state law; and if there is no express state law, then pursuant to the provisions set forth in the Membership Agreement.

**SIGNATURES, CONSENTS AND AGREEMENTS:** Each applicant, authorized user or other party signing this Card, (together herein referred to as "applicant(s)") hereby makes application for membership as indicated and agrees to conform to the Bylaws, as may be amended, of The Southern Credit Union ("Credit Union"). Applicants certify the signatures(s) on the card apply to the account designated on the reverse side; and all information provided is true and correct. Applicants also acknowledge receipt and agree to be bound by any terms and conditions in this card, and in the Accounts & Services of the Credit Union Booklet, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. Each applicant consents that the Credit Union may undertake to verify their eligibility for any account(s) and service(s) now and in the future. In addition, all applicants authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. Applicants specifically consent that the Credit Union may report information concerning their account(s) services to others; and that we may provide the reasons should we determine applicant to be ineligible for any services or to be an authorized person/user to the other applicants. **All present and future deposits to the account designated on the reverse side secure payment of any account owner's obligations to the Credit Union.** If any representative capacity is indicated on the reverse side, the Credit Union shall provide all statements notices and other information only to the person designated as having authority (e.g., a "trustee").

I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act as amended from time to time. **TRANSACTIONS TO/FROM ANY ACCOUNT(S) MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETE.**

**ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED ON THE REVERSE SIDE OF THIS CARD):**

The owners intend to and hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owners obligations. This designation applies to the account listed on the reverse side of this card or on any change forms/documents.

**CREDIT UNION NOTES:**

Member Number: \_\_\_\_\_ Opened By: \_\_\_\_\_ Open Date: \_\_\_\_\_

Member/Owner/User Identification verified by: reviewing and making a copy of the following unexpired documents: Driver's license, State issued ID, U.S. Military ID, U.S. Passport, and/or by comparing identifying information from third party sources.

ID Source(s) Used: \_\_\_\_\_  
Drivers license/State issued ID/U.S. Military ID/U.S. Passport # and expiration date

Credit Report: \_\_\_\_\_ Credit Score: \_\_\_\_\_

OFAC Verification: \_\_\_\_\_

Approved/Denied by: \_\_\_\_\_ Date: \_\_\_\_\_