

CARPENTERS CREDIT UNION

720 Olive Street
St. Paul, MN 55130
PH: 651.646.8827
FAX: 651.646.1834
myCarpentersCU.org

MEMBERSHIP APPLICATION

Member Number

IMPORTANT INFORMATION

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 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.

ELIGIBILITY

The minimum share savings account balance to qualify for membership is \$5. I am eligible for membership in Carpenters Credit Union because I am:

- A member of the following eligible union/organization _____
- An immediate family member of: _____

SAVINGS (Required for membership)

CHECKING

MEMBER INFORMATION

First Name _____ Last Name _____ Middle Initial _____
Social Security # _____ Date of Birth _____ Driver's License # _____
Home Address _____ City _____ State _____ Zip _____
*Address must match your Driver's License
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ E-mail Address _____

JOINT OWNER INFORMATION

First Name _____ Last Name _____ Middle Initial _____
Social Security # _____ Date of Birth _____ Driver's License # _____
Home Address _____ City _____ State _____ Zip _____
*Address must match your Driver's License
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ E-mail Address _____

ACCOUNT SERVICES

- | | | |
|---|---|--|
| <input type="checkbox"/> Direct Deposit/Payroll Deduction Have your payroll automatically deposited into your account so funds are available immediately. | <input type="checkbox"/> Debit Card (Checking Only) Get a debit card to access your Checking account by Point of Sale or through the ATM machine. | <input type="checkbox"/> Checks (Checking Only) Personalize your checks with a wide variety of designs. Order 50, 75 or 150 checks. |
| <input type="checkbox"/> Overdraft Advance (Checking Only) Fill out an application for a line of credit to avoid overdraft fees. | <input type="checkbox"/> Call 24 Info (FREE) Check balances, transfer funds, make loan payments and much more! | <input type="checkbox"/> Online Banking/eStatements (FREE) Enroll in online banking to check your Account and access your statements online. Avoid a \$3 paper statement fee. Email must be provided. |
| <input type="checkbox"/> Prepaid Debit Card Stay within your budget and gain instant access to your money. | <input type="checkbox"/> Transfer Authorization (Vacation Fund) I authorize Carpenters FCU to transfer my vacation funds to my checking or savings at the credit union. | |

ACCOUNT DESIGNATIONS

PAYABLE ON DEATH (POD) ACCOUNT

POD Payee _____
Street _____ City _____ State _____ Zip _____

POD Payee _____
Street _____ City _____ State _____ Zip _____

POD Payee _____
Street _____ City _____ State _____ Zip _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury by signing the Authorization Section, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (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).

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. You authorize us to check your account, credit and employment history, and obtain reports from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services you request. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. If you knowingly make any false material statement on this Account Card, you may be guilty of perjury. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature Date

Signature Date

PLEASE PRINT OUT APPLICATION, SIGN AND DATE.

Fax to Carpenters at 651.646.1834 or
mail to 720 Olive Street, St. Paul, MN 55130

****If applying by mail, email, or fax, you must include a photocopy of your current government issued picture identification and membership application both notarized by an authorized Notary Public. If your government issued picture identification does not provide your current address, proof of address must be provided. Please include a copy of one of the following: Renewal from Department of Motor Vehicle, payroll check or stub with name and new address, electric, gas, water or garbage bill with your name and new address. A photocopy of your current Union card is also required. ****

CREDIT UNION USE ONLY DATE OF MEMBERSHIP: _____ OPENED/APP'D BY: _____ MEMBER VERIFICATION _____ OFAC _____