



CREDIT UNION MEMBERSHIP & DEPOSIT ACCOUNT APPLICATION PERSONAL ACCOUNT



Self-Help Credit Union ("Credit Union")

ACCOUNT # _____

MEMBERSHIP IDENTIFICATION REQUIREMENTS

The following documentation and information is required of any person listed on this application as an account holder.

- Name
- Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), or other government-issued ID number acceptable to the Credit Union
- Date of birth
- Evidence of physical address
- Copy of a valid driver license, passport, or other government-issued ID card acceptable to the Credit Union

Designation of Account Holder(s)

Individual

Joint with survivorship*

Custodian/Power of Attorney**

Joint without survivorship

POD Trust**

*Right of Survivorship

We understand that by establishing a joint account under this provision that: (1) any one person named as joint owner in the account may make or direct a withdrawal from the account unless we direct that withdrawals require more than one signature; and (2) if we elect to create the right of survivorship in the account, that upon death of the one joint owner the money remaining in the account will not pass by inheritance to heirs of the deceased owner's will, but will belong to the surviving joint owner(s). We do elect to create the right of survivorship in this account.

**If you are opening a Custodial, Power of Attorney, or Payable on Death Trust account you also must complete a separate form. These forms are available on the Credit Union website at www.self-help.org

PRIMARY MEMBER INFORMATION

Member Name _____ (Print)
First Middle Last

SSN/ITIN _____ Date of Birth _____

Street Address _____

Phone (home) _____ Phone (mobile) _____

Phone (work) _____ Email Address _____

Driver License Number _____ State _____ Mother's Maiden Name _____
(Also submit a photocopy of your license)

Contact Person in Case of Emergency _____ Phone _____

JOINT ACCOUNT HOLDER INFORMATION (if applicable)

Member Name _____ (Print)
First Middle Last

SSN/ITIN _____ Date of Birth _____

Street Address _____

Phone (home) _____ Phone (mobile) _____

Phone (work) _____ Email Address _____

Driver License Number _____ State _____ Mother's Maiden Name _____
(Also submit a photocopy of your license)

Contact Person in Case of Emergency _____ Phone _____

Indicate which account(s) are to be jointly held: All, or Only the following: _____



ACCOUNT SELECTION

TOTAL AMOUNT OF DEPOSIT \$ _____ Include the membership fee along with your account deposit or the Credit Union will deduct the amount from your account deposit.

SAVINGS

No minimum balance to earn dividends with these accounts.

Regular Savings Account Amount \$ _____ () Check here to request a free ATM-only card (*reg savings acct only*)

Youth Savings Account Amount \$ _____ This is a custodial account under the Uniform Transfer to Minor Act (UTTMA).

CHECKING

Basic Checking Amount \$ _____ (\$100 minimum balance to earn dividends)

Premium Checking Amount \$ _____ (\$2500 minimum balance to earn dividends)

Indicate your card choice () a free debit card, or () a free ATM-only card () Check here to request printed checks (*charge applies*)

() Overdraft Transfer Indicate from which account you authorize the Credit Union to make transfers _____ *Overdraft transfer is not required.*

MONEY MARKET ACCOUNT

Dividends earned on a balance of \$500 or more. Monthly fee charged when the balance falls below \$500. Write three free checks per month.

Money Market Amount \$ _____

() Check here to request printed checks (*charge applies*) () Check here to request a free ATM-only card

TERM CERTIFICATE ACCOUNT

\$500 minimum deposit to open each certificate. Term choice options (in months): 3 – 6 – 12 – 24 – 36 – 48 – 60

Term Certificate Amount \$ _____ Term _____

Term Certificate Amount \$ _____ Term _____

Economic Development Term Certificate Amount \$ _____ Term _____
The dividend rate of the Economic Development term certificate will be set at or below the rate of the standard term certificate of the same term length.

OPTIONAL: Instead of remaining with the balance, indicate whether the Account Holder prefers certificate earnings (dividends) paid by check or deposited into the Account Holder's Credit Union savings or money market account on a monthly or quarterly basis.

() Issue Check () Monthly () Quarterly
() Deposit certificate dividends into the following Credit Union account _____ () Monthly () Quarterly

INDIVIDUAL RETIREMENT ACCOUNT

Please indicate your IRA choice below. **However, it is mandatory that you fill out a separate IRA application form to open an Individual Retirement Account.** The IRA application you receive will depend upon the information you provide on this application. Make your IRA deposit into the Credit Union when you submit the separate IRA application.

IRA Type: () **Traditional** () **Roth** () **Coverdell Education Savings Account**

Deposit Type: () **IRA Savings** \$25 minimum deposit
() **IRA Term Certificate** \$500 minimum deposit Term choices for IRA certificates are: 12 – 24 – 36 – 48 – 60 months

Source of Funds: () **Rollover** () **Transfer** Initial Contribution - Tax Year _____

Member deposit accounts are federally insured up to \$250,000 by the National Credit Union Administration

Duplicate Statements

If you authorize the Credit Union to mail duplicate statements to another party (money manager, custodian, etc.) at a different address, please specify here:

Name _____ Relationship to Member _____

Mailing Address _____
Street City State Zip Code

**MEMBERSHIP ELIGIBILITY &
MEMBERSHIP FEE**

Membership in the Credit Union is open to anyone who is, or becomes, a member of the Center for Community Self-Help.

All new members of the Credit Union must pay \$5 to purchase a membership share in the Credit Union. In addition, persons or organizations who join the Center for Community Self-Help must pay a \$20 a membership fee to the Center for Community Self-Help. The Center for Community Self-Help is a 501(c)(3) nonprofit corporation dedicated to creating and protecting ownership and economic opportunity for people of color, women, rural residents, and low-wealth families and communities. The Credit Union is affiliated with the Center for Community Self-Help.

**AGREEMENT AND AUTHORIZATION SIGNATURES &
BACKUP WITHHOLDING CERTIFICATION**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures, Funds Availability Policy, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice Disclosure, and Rate and Fee Schedules; and to any amendments the Credit Union makes from time to time, which are incorporated therein. I acknowledge receipt of a copy of the abovementioned disclosures, and any other agreements and disclosures applicable to the accounts and services requested herein. Additionally, I/we specifically consent and agree that the Credit Union may provide the abovementioned legally required disclosures electronically on the Credit Union website, or in writing, or both.

Under penalty of perjury, each signer certifies that (1) my Social Security Number or Individual Taxpayer Identification Number shown on this form, and given for this/these account(s), if applicable, is my correct Taxpayer Identification Number, and that (2) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or because the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding. Cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Initial this section if you cross out item 2.

Yes, I/we want to open my/our Credit Union account(s) and join the Credit Union if membership has not already been established. Furthermore, I/we affirm our commitment to the mission of the Center for Community Self-Help and acknowledge that I/we are making a \$20 membership contribution to CCSH. I/we hereby authorize the Credit Union to open the account(s).

Member
Signature _____ **Date** _____
(Primary Account Holder)

Joint account holder(s), Custodians, Power of Attorney designees, and Payable on Death trust beneficiaries sign and date below:

Signature _____ **Date** _____

Signature _____ **Date** _____

Signing this document authorizes the Credit Union to run a credit check on any signers and any account holders whose names appear on this application.

FACT ACT: If you have a loan with the Credit Union, we may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Remember to submit a copy of a current government issued photo identification of yourself and any other person(s) who will be a member and/or account holder as identified on this application.

How Did You Hear About the Credit Union?

<u>Source</u>	<u>Identify by Name</u>	<u>Source</u>	<u>Identify by Name</u>
Friend/Family	_____	Conference	_____
Business Referral	_____	TV, Radio, Internet	_____
Mailing/Publication	_____	Other (specify)	_____

Self-Help Credit Union
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Ph: 800-966-7353 (SELF)
www.self-help.org



Browse the Credit Union website to view membership and account disclosures

OFAC Screening

Credit Union personnel must complete this screening before opening the account, and initial here _____

For Credit Union Use Only