



# CREDIT UNION MEMBERSHIP & DEPOSIT ACCOUNT APPLICATION PERSONAL ACCOUNT



Self-Help Federal Credit Union may be referred to as "Credit Union"

MEMBER NUMBER \_\_\_\_\_  
To Be Filled Out By The Credit Union

### MEMBERSHIP IDENTIFICATION REQUIREMENTS

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

- Name & Date of Birth
- Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), or other government-issued ID number acceptable to the Credit Union
- 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)\*    
  Joint (without survivorship)    
  Custodian \*\*    
  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 or Payable on Death Trust account you also must complete a separate form. Talk to a SHFCU member services representative.

### PRIMARY MEMBER INFORMATION

Member Name \_\_\_\_\_ (Print)  
First Middle Last

SSN/ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_  
City State Zip

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 \_\_\_\_\_  
City State Zip

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: \_\_\_\_\_

For Credit Union Use Only

### OFAC Screening Verification

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

## 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 \$ \_\_\_\_\_  ATM card (*regular savings acct only*)

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

### CHECKING

Fees may apply. View our current fee schedule for details.

**Basic Checking** Amount \$ \_\_\_\_\_ \$100 minimum balance to earn dividends

**Premium Checking** Amount \$ \_\_\_\_\_ \$2,500 minimum balance to earn dividends

Optional product/services.

Make your selection here.

- Debit card     Printed checks (*charge applies*)     ATM card  
 Overdraft Transfer -Indicate from which CU account you authorize the CU to make transfers (*savings or MMA*):

### MONEY MARKET ACCOUNT

Fees may apply. View our current fee schedule for details.

**Money Market** Amount \$ \_\_\_\_\_ Dividends earned on a balance of \$500 or more.

Optional product/services.

Make your selection here.

- ATM card     Printed checks (*charge applies*)

### TERM CERTIFICATE ACCOUNT

\$500 minimum deposit to open each certificate

**Term Certificate** Amount \$ \_\_\_\_\_ Term Choice \_\_\_\_\_ (mths): 3 – 6 – 12 – 18 – 24 – 36 – 48 – 60

Choose one:  Standard     Green     Women & Children

**Term Certificate** Amount \$ \_\_\_\_\_ Term Choice \_\_\_\_\_ (mths): 3 – 6 – 12 – 18 – 24 – 36 – 48 – 60

Choose one:  Standard     Green     Women & Children

**Economic Development Term Certificate** Amount \$ \_\_\_\_\_ Term Choice \_\_\_\_\_ (mths): 3 – 6 – 12 – 18 – 24 – 36 – 48 – 60

The dividend rate of the Economic Development term certificate will be set below the rate of the standard, green, or W/C 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 my certificate dividends into the following Credit Union account \_\_\_\_\_  monthly     quarterly

### INDIVIDUAL RETIREMENT ACCOUNT

Please indicate your IRA choice below so we can send you the appropriate SEPARATE application forms for your IRA. Pay your membership fee with this application and 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    \$100 minimum deposit

IRA Term Certificate    \$500 minimum deposit

Choose one:  Standard     Green

IRA certificate term choices: 12 – 18 – 24 – 36 – 48 – 60 months

Women & Children

Source of Funds:  Rollover     Transfer    Initial Contribution - Tax Year \_\_\_\_\_

### 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 (CCSH), and maintains a deposit account in the Credit Union of at least \$5. There is a one-time \$20 tax-deductible non-refundable membership fee to join CCSH which 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.

**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, 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.

**Browse our website to view deposit rates and membership and account disclosures.**

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



Self-Help Federal Credit Union  
301 W. Main Street, Durham 27701  
Mailing Address: PO Box 3619, Durham, NC 27702-3619  
919-956-4400  
www.self-helpfederalcu.org





We appreciate your answers to the following optional questions.

### REFERRAL DATA

#### How Did You Hear About the Credit Union?

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

### HOUSEHOLD DATA

Please provide data on the **PRIMARY MEMBER**

**Gender**     Female                       Male

**Ethnicity**     Hispanic or Latino               Non-Hispanic or Latino

**Race**     Black or African-American     White               Asian

American Indian or Alaskan Native               Native Hawaiian or Pacific Islander

#### Household annual income before tax (approximate):

Less than \$25,000     \$25,000 - \$34,999     \$35,000 - \$44,999     \$45,000 - \$54,999     \$55,000 - \$64,999

\$65,000 - \$74,999     \$75,000 - \$84,999     \$85,000 - \$94,999     \$95,000 - \$104,999     \$105,000 - \$114,999

Greater than \$115,000

\_\_\_\_\_ Number of family members in the household

### **We thank you for sharing this information with us.**

All of the information on this application and supporting documents is maintained by the Credit Union in accordance with Self-Help Federal Credit Union's privacy policy, which is available on our website or by contacting the Credit Union.

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