



# Personal Membership Application

Ownership: \_\_\_\_\_

Member # \_\_\_\_\_ (To be provided by the Credit Union)

Self-Help Credit Union, including its divisions may be referred to as "Credit Union."

## Important Information About Procedures 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 to you: When you open an account, we will ask for your name, address, date of birth or other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Member Name			Social Security Number		
Second Name Line			Mother's Maiden Name		
ID Type	Number/Value	Issued By	Expiration Date	Date of Birth	Gender
Physical Address		City	State	Zip	
Mailing Address		City	State	Zip	
Other		City	State	Zip	
Home Phone	Cell Phone	Work Phone	E-Mail Address		
Employer		Occupation			

## Membership Eligibility Requirements - Primary Member Only:

Eligibility Type: \_\_\_\_\_ Group: \_\_\_\_\_

\* If eligible through 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. Membership in the Center for Community Self-Help requires a \$5 fee, which is a tax-deductible contribution.

## Additional Information - Primary Member Only:

Providing this additional information is optional. We ask for it because it helps us better understand who our Members are and how we can better serve them. It also helps us when writing proposals to try and raise money for the Credit Union and when reporting on the same. The Credit Union does not discriminate on the basis of race, religion, national heritage ethnic background, gender or sexual preference.

☐ I prefer not to answer this information with the Credit Union.

What is your primary racial background? ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American  
☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other (Please Indicate) \_\_\_\_\_

Are you Hispanic/Latino? ☐ Yes ☐ No

How many family members are in your household? \_\_\_\_\_

What is your approximate household income? \_\_\_\_\_

Referral Information - How did you hear about the Credit Union? ☐ Friend, Family or Co-Worker ☐ Dissatisfaction ☐ SRI Search  
☐ SH Borrower ☐ SH Loan Borrower ☐ Ad/Mailer \_\_\_\_\_ ☐ Article/Publication \_\_\_\_\_  
(Please list) (Please list)  
☐ Business or Professional Referral \_\_\_\_\_ ☐ Event/Conference \_\_\_\_\_ ☐ Internet Rate Search \_\_\_\_\_  
(Please list) (Please list) (Please list)  
☐ Other: \_\_\_\_\_  
(Please list)

Member Signature	Date
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FOR OFFICE USE ONLY	Branch:	Name of MSR:
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Member deposits are insured up to \$250,000 by the National Credit Union Administration (NCUA).



## Personal Membership Application

### Help Sheet

Thank you for your interest in a membership with Self-Help Credit Union. Complete each field on the **Personal Membership Application** as indicated below. If any part of the required information is not received, your membership will be delayed until all necessary information/items are received.

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#### Ownership

Prefilled as "Personal"

#### Member Number

This will be assigned by the Credit Union.

#### Member Information

Complete the Primary Member's information section as noted below. If a section does not apply to you, please indicate by N/A.

- Member Name\* – Enter the name of the primary account owner
- Social Security Number\* – Enter full social security number or ITIN of the primary account owner
- Second Name Line - Leave blank, if not applicable
- Mother's Maiden Name\* – Enter primary account owner's mother's maiden name
- ID Type\* – Enter or select ID type for verification. Acceptable types include: *Driver's License, Matricula Consular, Passport, State Issued ID or Military ID. For any other ID type please type a brief description.*
- Number/Value – Enter the ID number listed on your ID
- Issued By\* – Enter the issuing state or agency for the ID
- Expiration Date\* – Enter expiration date of ID
- Date of Birth\* – Enter primary account owner's date of birth – mm/dd/yyyy
- Gender – Enter primary account owner's gender
- Physical Address\* – Enter primary account owner's full physical address including city, state and zip (Note: the physical address must match the address listed on the ID (i.e. driver's license, state issued ID etc. If not, proof of address is required)
- Mailing Address – Enter a mailing address if different from physical address
- Other Address – Leave blank, if not applicable
- Home Phone\* – Enter home phone number (if a cell phone is used as the home phone list here as well)
- Cell Phone – Enter cell phone number, if applicable
- Work Phone – Enter work phone number, if applicable
- E-mail Address – Enter primary e-mail address, if applicable
- Employer\* – Enter primary account owner's current employer (If retired please list last employer)
- Occupation\* – Enter primary owner's occupation (If retired please list last occupation e.g. Retired Nurse)

**\* Indicates Required Fields**

### Member Eligibility Requirements -Primary Member Only:

You can become a member of Self-Help Credit Union if:

- a. You live, work, worship or attend school in one of the counties that are listed on the [Self-Help's website](#)
- b. You are a member of an employee/association eligible for membership
- c. You are an "immediate family" member of an individual who is a member of the above mentioned eligible groups. "Members of the immediate family" include the following secondary members: spouse, parent, and children of the primary members.
- d. Or you become a member through The Center for Community Self-Help. Membership in the Center for Community Self-Help requires a \$5 fee, which is a tax-deductible contribution.

### Eligibility Type

Select one of the options from drop down list.

- If you choose "**Geographic**" as the eligibility type, in the "**Group**" field select Live, Work, Worship, or Attend School, as applicable.
- If you choose "**Employer/Association**" as the eligibility type, in the "**Group**" field write/type the name of the employer or the entity. If you join through The Center for Community Self-Help type "Center for Community Self-Help".
- If you choose "**Family**" as the eligibility type, in the "**Group**" field write/type Spouse, Parent, or Children.

### Additional Information – Primary Member Only:

This demographic data is used to assess our effectiveness as a nonprofit organization in serving our communities, so while this section is optional, we strongly encourage your participation. All information provided by the applicant is handled in strict accordance with our privacy policy.

### Signature & Date

Member signs and dates the application.



# New Certificate Selection & Signature Card

Primary Member Name: \_\_\_\_\_ Member #: \_\_\_\_\_

SSN #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Type: \_\_\_\_\_ Suffix #: \_\_\_\_\_

Certificate Dividends (if other than remaining with the balance) ☐ Issue Check ☐ 'Monthly ☐ Quarterly ☐ Deposit to Account ☐ Monthly ☐ Quarterly Account #: \_\_\_\_\_

Ownership Type: ☐ Individual ☐ Joint with Right of Survivorship\*

## Joint Owner Information

First Name	Middle Initial	Last Name	Suffix	Social Security Number		
ID Type	Number/Value		Issued By	Expiration Date	Date of Birth	Gender
Physical Address			City	State	Zip	
Mailing Address			City	State	Zip	
Mother's Maiden Name	Home Phone		Cell Phone	E-Mail Address		
Employer			Work Phone	Occupation		

## Joint Owner Information

First Name	Middle Initial	Last Name	Suffix	Social Security Number		
ID Type	Number/Value		Issued By	Expiration Date	Date of Birth	Gender
Physical Address			City	State	Zip	
Mailing Address			City	State	Zip	
Mother's Maiden Name	Home Phone		Cell Phone	E-Mail Address		
Employer			Work Phone	Occupation		

## \*Joint account with Right of Survivorship - Definition

Right of Survivorship: We understand that by establishing a joint account with right of survivorship under the provisions of N.C. Gen. Statute 54-109.58 that: (1) The Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have agreed with the Credit Union that withdrawals require more than one signature; and (2) Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will. We DO elect to create the right of survivorship in this account.

## Substitute W-9 - TIN Certification

I certify in accordance with IRS W-9 instructions and under penalties of perjury, that:

1. The number shown on this form is my correct taxpayer identification number, 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.
3. I am a U.S. person (including a US resident alien). [Cross out item 3 if you are not a U.S. person, and initial here: \_\_\_\_\_]

## Agreement and Authorization Signatures

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 amendment the Credit Union makes from time to time which are incorporated therein. I/we acknowledge receipt of the abovementioned disclosures, and any 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.

I/we understand that in order to become, and remain, an active member of the Credit Union, a minimum of \$5 must be maintained on account with the Credit Union.

Yes, I/we want to open my/our Credit Union account(s) and join the Credit Union if my/our membership has not already been established. I/we hereby authorize the Credit Union to open the account(s). 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 (if applicable).

Primary Member Signature	Date
Joint Owner Signature	Date
Joint Owner Signature	Date



## New Certificate Selection & Signature Card

### Help Sheet

Thank you for your interest in a membership with Self-Help Credit Union. Complete each section of the **New Certificate Selection & Signature Card** as instructed below. If any part of the required information is not received, your membership will be delayed until all required information/items are received by the Credit Union.

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#### NOTE:

In addition to a **Personal Membership Application**, a **New Certificate Selection & Signature Card** form must be completed and submitted to open a term certificate/certificate of deposit (CD) account. If you would like to open more than one certificate account, please complete a New Certificate Selection & Signature Card form for each certificate account. If there are more than two owners/signers, please use an additional New Certificate Selection & Signature Card form.

#### Primary Member Name

Enter the name of the primary account owner.

#### Social Security Number

Enter the Social Security Number (SSN) or Individual Tax Identification Number (ITIN) of the primary account owner.

#### Member Number & Suffix Number

These numbers will be assigned by the Credit Union.

#### Account Type

Make a selection from the drop down box and select the eligible certificate term and the type of the certificate account.

**Note:** If you wish to open more than one certificate account, then please complete a separate New Certificate Selection & Signature Card form for each account.

Refer to the Self-Help CU website for a complete account descriptions.

#### Certificate Dividends

If you wish to have the certificate dividends transferred out of the certificate account, then please indicate the method of disbursement (i.e. *Issue Check* or *Deposit to Account*) and the frequency. If you want the dividends deposited into another account held at Self-Help, then enter the account number of that account in the space provided. If you prefer to have the dividends remain in the certificate account that you are opening, then leave that field blank.

## Ownership Type

Indicate the ownership for the account. The following describes the types of ownership:

- **An Individual Account** is owned by one individual. The owner of the account has full transaction authority. Upon the death of such individual, the remaining funds belong to the individual's estate. If the account owner names a **Payable on Death Beneficiary (POD)**, then upon his/her death the funds belong to the POD. If the owner of the accounts wants to name a POD beneficiary, he/she needs to contact the local branch to complete additional forms.
- **A Joint Account with Right of Survivorship** is owned by two or more individuals. Each joint owner has full transaction authority and ownership of account funds. Upon the death of one of the joint owners, the remaining funds belong equally to all surviving joint owner(s).

## Joint Owner Information

Complete the information for all joint owners on the account (if applicable) as indicated below. If a section does not apply, write N/A.

- First Name, Middle Initial, Last Name & Suffix\* – Enter joint owner's name
- Social Security Number\* – Enter joint owner's full Social Security Number or ITIN
- ID Type\* – Enter or select joint owner's ID type for verification. Acceptable types include: *Driver's License, Matricula Consular, Passport, State Issued ID or Military ID. For any other ID type please type a brief description.*
- Number/Value\* – Enter joint owner's ID number
- Issued By\* – Enter Issuing state or agency
- Expiration Date\* – Enter joint owner's expiration date listed on the ID
- Date of Birth\* – Enter joint owner's date of birth – mm/dd/yyyy
- Gender – Enter joint owner's Gender
- Physical Address\* – Enter joint owner's physical address including city, state and zip
- Mailing Address – Enter joint owner's mailing address if different from physical address (Note: physical address must match the address listed on the ID (i.e. driver's license, state issued ID etc.), if not, proof of address is required)
- Mother's Maiden Name\* – Enter joint owner's mother's maiden name
- Home Phone\* – Enter joint owner's home phone number (Note: If a cell phone is used as the home phone list here as well)
- Cell Phone – Enter joint owner's cell phone number, if applicable
- E-mail Address – Enter joint owner's primary e-mail address, if applicable
- Employer\* – Enter joint owner's employer (if retired please list last employer)
- Work Phone – Enter joint owner's work phone number, if applicable
- Occupation\* – Enter joint owner's current occupation (if retired, then please list last occupation, e.g. Retired Nurse)

**\*Indicates Required Fields**

## Signature & Date

The **New Certificate Selection & Signature Card** must be signed by the Member (Primary Owner) and all joint owners, if applicable. Please make sure that you read the **Substitute W-9 - TIN Certification & Agreement and Agreement and Authorization Signatures** clause before signing and dating the **Account Selection and Signature Card** form(s).



# New Share Selection & Signature Card

Primary Member Name: \_\_\_\_\_ Member #: \_\_\_\_\_

SSN #: \_\_\_\_\_

Account Type: \_\_Money Market Account\_\_ Suffix #: \_\_\_\_\_

Ownership Type: ☐ Individual ☐ Joint with Right of Survivorship\*

## Joint Owner Information

First Name	Middle Initial	Last Name	Suffix	Social Security Number		
ID Type	Number/Value	Issued By		Expiration Date	Date of Birth	Gender
Physical Address			City	State	Zip	
Mailing Address			City	State	Zip	
Mother's Maiden Name	Home Phone	Cell Phone		E-Mail Address		
Employer		Work Phone		Occupation		

## Joint Owner Information

First Name	Middle Initial	Last Name	Suffix	Social Security Number		
ID Type	Number/Value	Issued By		Expiration Date	Date of Birth	Gender
Physical Address			City	State	Zip	
Mailing Address			City	State	Zip	
Mother's Maiden Name	Home Phone	Cell Phone		E-Mail Address		
Employer		Work Phone		Occupation		

## \*Joint Account with Right of Survivorship - Definition

Right of Survivorship: We understand that by establishing a joint account with right of survivorship under the provisions of N.C. Gen. Statute 54-109.58 that: (1) The Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have agreed with the Credit Union that withdrawals require more than one signature; and (2) Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will. We DO elect to create the right of survivorship in this account

## Substitute W-9 - TIN Certification

I certify in accordance with IRS W-9 instructions and under penalties of perjury, that:

1. The number shown on this form is my correct taxpayer identification number, 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.
3. I am a U.S. person (including a US resident alien). [Cross out item 3 if you are not a U.S. person, and initial here: \_\_\_\_\_]

## Agreement and Authorization Signatures

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 amendment the Credit Union makes from time to time which are incorporated therein. I/we acknowledge receipt of the abovementioned disclosures, and any 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. I/we understand that in order to become, and remain, an active member of the Credit Union, a minimum of \$5 must be maintained on account with the Credit Union. Yes, I/we want to open my/our Credit Union account(s) and join the Credit Union if my/our membership has not already been established. I/we hereby authorize the Credit Union to open the account(s). Furthermore, I/we affirm our commitment to the mission of the Center for Community Self-Help and acknowledge that I/we are making a \$5 membership contribution to CASH (if applicable).

Primary Member Signature	Date
Joint Owner Signature	Date
Joint Owner Signature	Date



## New Share (Money Market Account) Selection & Signature Card

### Help Sheet

Complete each field on the **New Share Selection & Signature Card** as instructed below. If any part of the required information/documentation is not received, your membership will be delayed until all information/items are received. If you have any questions as you complete this form, please email or call one of our campaign contacts.

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#### NOTE:

In addition to a **Personal Membership Application**, a **New Share Selection & Signature Card** form must be completed to open an eligible account (Money Market). If you would like to open more than one money market account, then please complete a **New Share Selection & Signature Card** for each account.

#### Primary Member Name

Enter the name of the primary account owner.

#### Social Security Number

Enter the Social Security Number (SSN) or Individual Tax Identification Number (ITIN) of the primary account owner.

#### Member Number & Suffix Number

These will be assigned by the Credit Union.

#### Account Type

For the purposes of this campaign, **the money market account is the only eligible share account** that you can open at this time. You may open a certificate account, as well, but you'll need to use the certificate application packet documents to do so.

Refer to our website for a full description of the money market account. View Self-Help CU's account disclosure documents for all applicable money market account terms and conditions.

#### Ownership Type

Indicate the ownership for the account. The following describes the types of ownership:

- **An Individual Account** is owned by one individual. The owner of the account has full transaction authority. Upon the death of such individual, the remaining funds belong to the individual's estate. If the account owner names a **Payable on Death Beneficiary (POD)**, then upon his/her death the funds belong to the POD. If the owner of the accounts wants to name a POD beneficiary, he/she needs to contact the local branch to complete additional forms.
- **A Joint Account with Right of Survivorship** is owned by two or more individuals. Each joint owner has full transaction authority and ownership of account funds. Upon the death of one of the joint owners, the remaining funds belong equally to all surviving joint owner(s).



## Joint Owner Information

Provide the information for all joint owners on the account (if applicable), making sure to complete all information. If a section does not apply, write N/A.

- First Name, Middle Initial, Last Name & Suffix\* – Enter joint owner's name
- Social Security Number\* – Enter joint owner's full Social Security Number or ITIN
- ID Type\* – Enter or select joint owner's ID type for verification. Acceptable types include: *Driver's License, Matricula Consular, Passport, State Issued ID or Military ID. For any other ID type please type a brief description.*
- Number/Value\* – Enter joint owner's ID number
- Issued By\* – Enter Issuing state or agency
- Expiration Date\* – Enter joint owner's expiration date listed on the ID
- Date of Birth\* – Enter joint owner's date of birth – mm/dd/yyyy
- Gender – Enter joint owner's gender
- Physical Address\* – Enter joint owner's physical address including city, state and zip
- Mailing Address – Enter joint owner's mailing address if different from physical address (Note: physical address must match the address listed on the ID (i.e. driver's license, state issued ID etc.), if not, proof of address is required)
- Mother's Maiden Name\* – Enter joint owner's mother's maiden name
- Home Phone\* – Enter joint owner's home phone number (Note: If a cell phone is used as the home phone list here as well)
- Cell Phone – Enter joint owner's cell phone number, if applicable
- E-mail Address – Enter joint owner's primary e-mail address, if applicable
- Employer\* – Enter joint owner's employer (if retired please list last employer)
- Work Phone – Enter joint owner's work phone number, if applicable
- Occupation\* – Enter joint owner's current occupation (if retired, then please list last occupation, e.g. Retired Nurse)

***\*Indicates Required Fields***

## Signature & Date

The ***New Share Selection & Signature Card*** must be signed by the Member (Primary Owner) and all joint owners, if applicable. Please make sure that you read the ***Substitute W-9 - TIN Certification & Agreement and Agreement and Authorization Signatures*** clause before signing and dating the ***New Share Selection and Signature Card*** form.



**REQUEST AND CONSENT TO PROVIDE ACCOUNT INFORMATION TO AUTHORIZED PARTY  
AND CONSENT TO RECEIVE COMMUNICATIONS**

**DEPOSITOR INFORMATION**

Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**For Office Use Only**

Account No(s): \_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED PARTY INFORMATION**

Authorized Parties:

**NATIONAL BAPTIST CONVENTION USA, INC.**, a Tennessee corporation and  
**THE CENTER FOR ECONOMIC EMPOWERMENT, INC.**, a Delaware corporation

**REQUEST AND CONSENT TO PROVIDE ACCOUNT INFORMATION TO AUTHORIZED PARTY**

For the purpose of supporting the national deposit-raising campaign of the NATIONAL BAPTIST CONVENTION USA, INC., a Tennessee corporation (the "**Convention**"), and THE CENTER FOR ECONOMIC EMPOWERMENT, INC., a Delaware corporation ("**CEE**") (collectively, "**Authorized Parties**"), I hereby authorize Self-Help Federal Credit Union ("**SHFCU**") and Self-Help Credit Union ("**SHCU**;" SHFCU and SHCU collectively, "**Self-Help**") to share with the Authorized Parties, and authorize Authorized Parties to share with Self-Help, information about my deposit accounts at Self-Help, including my name, address, phone number(s) and deposit balance. I hereby authorize the Convention and CEE to obtain information regarding my account(s) identified above.

**CONSENT TO RECEIVE COMMUNICATIONS**

To best support the founding of the future Convention credit union, and to provide you with the best possible service for your deposit account, Self-Help, the Convention or CEE may need to contact you about your account from time to time by telephone, text messaging or email. However, we must first obtain your consent to contact you about your account because we must comply with the consumer protection provisions in the federal Telephone Consumer Protection Act of 1991 (TCPA), CAN-SPAM Act and their related federal regulations and orders issued by the Federal Communications Commission (FCC).

Your consent does not authorize us to contact you for telemarketing purposes (unless you otherwise agreed elsewhere).

With the above understandings, you authorize us to contact you regarding this account throughout its existence using any telephone numbers or email addresses that you have previously provided to us or that you may subsequently provide to Self-Help.

This consent is regardless of whether the number we use to contact you is assigned to a landline, a paging service, a cellular wireless service, a specialized mobile radio service, or any other service for which you may be charged for the call. You further authorize us to contact you through the use of voice, voice mail and text messaging, including the use of pre-recorded or artificial voice messages and an automated dialing device. If necessary, you may change or remove any of the telephone numbers or email addresses at any time using any reasonable means to notify us. You may withdraw your consent at any time by contacting Self-Help by phone, in person or any other reasonable means and informing us of your preferences. However, I understand that if I revoke this consent, I will no longer receive communications regarding the Convention credit union.

\_\_\_\_\_  
Applicant / Member Signature

\_\_\_\_\_  
Last four digits of  
EIN/TIN/SSN

\_\_\_\_\_  
Date



# Payable on Death Beneficiary Designation\*

## Suffix Level

Primary Member Name: \_\_\_\_\_ Member #: \_\_\_\_\_

SSN #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Suffix #: \_\_\_\_\_

**Important Note: Payable on Death (POD) Beneficiaries designated on this form are POD Beneficiaries only on the suffix selected above. Beneficiaries designated on this form fully replace any previously designated beneficiaries. POD Beneficiary signatures are not required on this form. If there are two or more named beneficiaries on this account, then ownership shall be held as joint tenants with right of survivorship.**

### Beneficiary Information - Name, Address, Percentage and Date of Birth are required fields

First Name	Middle Initial	Last Name	Suffix	Social Security Number		
Home Phone	Cell Phone	Relationship to Member		Percentage	Date of Birth	Gender
Physical Address			City	State	Zip	
Mailing Address			City	State	Zip	

### Beneficiary Information - Name, Address, Percentage and Date of Birth are required fields

First Name	Middle Initial	Last Name	Suffix	Social Security Number		
Home Phone	Cell Phone	Relationship to Member		Percentage	Date of Birth	Gender
Physical Address			City	State	Zip	
Mailing Address			City	State	Zip	

### Beneficiary Information - Name, Address, Percentage and Date of Birth are required fields

First Name	Middle Initial	Last Name	Suffix	Social Security Number		
Home Phone	Cell Phone	Relationship to Member		Percentage	Date of Birth	Gender
Physical Address			City	State	Zip	
Mailing Address			City	State	Zip	

### \*Payable on Death- Definition

I/we understand that by establishing a Payable on Death account under the provisions of North Carolina General Statute 54-109.57A that:

1. During my/our lifetime I/we, individually or jointly, may withdraw the money in the account.
2. By written direction to the Credit Union I/we, individually or jointly may change the beneficiary or beneficiaries.
3. Upon my/our death the money remaining in the account will belong to the beneficiary or beneficiaries, and the money will not be inherited by my my/our heirs or be controlled by will.

### All Account Owners MUST sign below.

Primary Member Signature	Date
Joint Owner Signature	Date
Joint Owner Signature	Date



## Authorization Agreement for ACH Debit Transactions

*\* Save for the future and support community development lending\**

**This receipt is confirmation of your request to initiate an ACH one-time only debit transaction as described below. This request was authorized by you via telephone on \_\_\_\_\_ (MM/DD/YY) and was completed by \_\_\_\_\_ (Staff Name). Please contact us at (800) 966-7353 if you have any questions concerning this confirmation.**

I/we have authorized Self-Help Credit Union (Self-Help) to initiate a **one-time** ACH debit transaction for credit to my Self-Help account/suffix in accordance with instructions stated below. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law. I/we understand that Self-Help is not responsible for any fees or penalties which may arise if funds are not available and an ACH debit is returned. I/we also understand that any rejected debits may be resubmitted. If any debit transactions are returned, I understand that Self-Help may charge me a returned item fee of \$25.00 per returned item to my account and/or close my accounts.

### Withdraw From:

Account Number: \_\_\_\_\_ Withdrawal Amount: \$ \_\_\_\_\_

Name on Account: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_ ABA/Routing # \_\_\_\_\_ (9 digits)

This is a: Checking ☐ Savings ☐ Account

### Credit To:

Self-Help Account#: \_\_\_\_\_ Suffix \_\_\_\_\_

Amount: \$ \_\_\_\_\_ on the day of \_\_\_\_\_ (MM/DD/YY)

I certify that I am an authorized signer on the account(s) identified above and that I authorized the above transaction.

Member Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_