



**INDIANA STATE UNIVERSITY
FEDERAL CREDIT UNION**
444 North 3rd Street, Terre Haute, IN 47807
(812) 234-1021 or (800) 628-1021

MEMBERSHIP APPLICATION

MEMBER INFORMATION			
Member/Owner Name		Member No.	
Street			
City/State/Zip		SSN/TIN	DOB
Home Phone	Cell Phone	Type of ID	Expiration Date
Work Phone		ID No.	State of Issue
E-mail		Mother's Maiden Name	
Occupation/Employer		Notes	

ACCOUNT TYPE		
Please refer to your membership agreement for terms of the accounts selected below.		
<input type="checkbox"/> Share/Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Share Certificate
<input type="checkbox"/> Share Draft/Checking	<input type="checkbox"/> Christmas Club	

ACCOUNT SERVICES	
<input type="checkbox"/> Payroll Deduction/Direct Deposit	<input type="checkbox"/> Debit Card
<input type="checkbox"/> Online Banking	<input type="checkbox"/> Credit Card

ACCOUNT OWNERSHIP		
Designate the ownership of the accounts and responsibility for the services requested.		
<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Account with Survivorship	<input type="checkbox"/> Joint Account without Survivorship

JOINT OWNER INFORMATION			
Joint Owner		SSN/TIN	DOB
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Cell Phone	Work Phone	
E-mail	Mother's Maiden Name	Occupation/Employer	<input type="checkbox"/> Existing Member
Joint Owner		SSN/TIN	DOB
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Cell Phone	Work Phone	
E-mail	Mother's Maiden Name	Occupation/Employer	<input type="checkbox"/> Existing Member
Joint Owner		SSN/TIN	DOB
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Cell Phone	Work Phone	
E-mail	Mother's Maiden Name	Occupation/Employer	<input type="checkbox"/> Existing Member

PAYABLE ON DEATH (POD) ALL ACCOUNTS DESIGNATE SPECIFIC ACCOUNTS:

Beneficiary/POD Payee	DOB	Beneficiary/POD Payee	DOB
Address		Address	
SSN	Phone	SSN	Phone
ID #	Issued By	ID #	Issued By
Issue Date	Exp. Date	Issue Date	Exp. Date
Notes		Notes	

UNIFORM TRUST/GIFT TO MINORS ACCOUNT

As custodian for (minor name) (under the Uniform Transfers/Gifts to Minors Act)	Minor's SSN
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AGENCY

Name of Agent	Signature X	Date
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USA PATRIOT ACT

In accordance with the USA PATRIOT ACT, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. This includes all personal and commercial accounts including loan and deposit accounts, as well as trust, brokerage, insurance, and investment management accounts.

What This Means To Our Members

When you open an account, you will be asked for your name, address, social security or tax identification number, date of birth (for individuals) and other information that will allow Indiana State University Federal Credit Union to identify you. You will also be asked to furnish your driver's license or other identifying documents. We are required to follow this procedure each time an account is opened.

AUTHORIZATION

By signing below, you agree to conform to the by-laws of the Credit Union. You further agree that your accounts will be governed by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Privacy Notice, and Funds Availability Policy Disclosure, if applicable. You acknowledge that you have received a copy of the Agreement and Disclosures applicable to the accounts and services you have requested. If you received an ATM/Debit card or EFT service, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You understand the credit union may request a credit report to verify your identity. The Credit Union may report information about your account to credit bureaus. By submitting this application, you authorize the Credit Union to verify credit and employment history by any necessary means, including request of a credit report by a credit reporting agency. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

X _____ Signature Date	X _____ Signature Date
X _____ Signature Date	X _____ Signature Date

CERTIFICATION

Under penalties of perjury, 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 to me), 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section. Instructions for completing this section will be provided to you upon request.

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 of U.S. person	Date	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
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FOR CREDIT UNION USE ONLY

Date of Membership	Notes	Member ID Verified by:
		<input type="checkbox"/> OFAC
		<input type="checkbox"/> ChexSystems