



# Catholic United Financial CREDIT UNION

## MEMBERSHIP APPLICATION

Please complete, sign and return this application along with your initial deposit or \$10.00 or more to Catholic United Financial Credit Union. For branch hours, locations, or more information, call us toll-free at 1-877-871-8313 or visit us online at [www.catholicunitedCU.org](http://www.catholicunitedCU.org).

Date  Member Number   New  Change  For additional security, I would like to add a CODEWORD to my account.

### USA PATRIOT ACT

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 identified 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 for your driver's license or other identifying documents.

### ELIGIBILITY (Choose one.)

- I am a member of Catholic United Financial. Policy Number: \_\_\_\_\_ Sales Representative: \_\_\_\_\_
- I am a parishioner of the following Catholic church: \_\_\_\_\_
- I am a Catholic residing in the state of North Dakota
- I am an employee of the University of St. Thomas
- I am an employee of St. Thomas Academy
- I am an alumni of the University of St. Thomas residing in Dakota, Hennepin, Ramsey or Washington counties in Minnesota
- I am an immediate family member of this credit union member: \_\_\_\_\_ Relation: \_\_\_\_\_

### ACCOUNT TYPE

- Personal Account
- Minor Account

### PRIMARY MEMBER INFORMATION

SOCIAL SECURITY NUMBER	DATE OF BIRTH	FIRST NAME	MI	LAST NAME
ADDRESS		CITY	STATE	ZIP
CELL PHONE	HOME PHONE	EMAIL ADDRESS		
DRIVER'S LICENSE/ID NUMBER	STATE	MOTHERS MAIDEN NAME	NAME OF RELATIVE NOT LIVING WITH YOU	

### JOINT OWNER #1 INFORMATION

SOCIAL SECURITY NUMBER	DATE OF BIRTH	FIRST NAME	MI	LAST NAME
ADDRESS		CITY	STATE	ZIP
CELL PHONE	HOME PHONE	EMAIL ADDRESS		
DRIVER'S LICENSE/ID NUMBER	STATE	MOTHERS MAIDEN NAME	NAME OF RELATIVE NOT LIVING WITH YOU	

### JOINT OWNER #2 INFORMATION

SOCIAL SECURITY NUMBER	DATE OF BIRTH	FIRST NAME	MI	LAST NAME
ADDRESS		CITY	STATE	ZIP
CELL PHONE	HOME PHONE	EMAIL ADDRESS		
DRIVER'S LICENSE/ID NUMBER	STATE	MOTHERS MAIDEN NAME	NAME OF RELATIVE NOT LIVING WITH YOU	

Please complete the reverse side >

