



# Catholic United Financial CREDIT UNION

## MEMBERSHIP APPLICATION

Please complete, sign and return this application along with your initial deposit of \$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 Sales Rep: \_\_\_\_\_  I am an Associate Member of Catholic United Financial
- 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 Employee or Member of the following organization: \_\_\_\_\_
- I am an immediate Family Member of this credit union member: \_\_\_\_\_ Relation: \_\_\_\_\_

### ACCOUNT TYPE

Personal Account  Minor Account Initial Deposit: \_\_\_\_\_ (\$10 minimum balance required for membership.)

### 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 >

## BENEFICIARY #1 DESIGNATION

SOCIAL SECURITY NUMBER	DATE OF BIRTH	FIRST NAME	MI	LAST NAME
ADDRESS			CITY	STATE
CELL PHONE	HOME PHONE	EMAIL ADDRESS		

## BENEFICIARY #2 DESIGNATION

SOCIAL SECURITY NUMBER	DATE OF BIRTH	FIRST NAME	MI	LAST NAME
ADDRESS			CITY	STATE
CELL PHONE	HOME PHONE	EMAIL ADDRESS		

## PRODUCTS & SERVICES REQUESTING

### SAVINGS & CERTIFICATES

- Membership Savings (Required for membership.)
- Sub Savings (Additional savings account.)
- Money Market Savings
- Savings Saints Certificate (Under 18 years of age.)
- Certificate of Deposit
  - 6-month
  - 12-month
  - 24-month
  - 36-month

### CHECKING

- Free Checking
- Visa Debit Card
- Checks (First box is free)
- Debit Card Roundup
- Overdraft Protection  
(Automatic transfer from my savings to my checking)

### ONLINE SERVICES

- Paper Statements (Default - \$2 fee)
- eStatements (Free - Enroll online)
- Online Banking
- Bill Pay
- Mobile Banking App
- Mobile Deposit

### LOANS (I would like more info)

- Auto Loan
- Recreational Vehicle Loan
- Personal Loan
- Personal Line of Credit
- Adoption Loan
- Home Equity Loan
- Home Equity Line of Credit
- Mortgage

## BACKUP WITHHOLDING CERTIFICATION

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, and (2) I am a U.S. citizen or a U.S. permanent resident alien, and (3) 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.

**Cross out item (2) above if** any applicant is not a U.S. citizen or a U.S. permanent resident alien. In this case, any applicant who is not a U.S. citizen or U.S. permanent resident alien must complete IRS Form W-8BEN and open this account in person. Photo identification will be required.

**Cross out item (3) above if** an applicant is currently subject to backup withholding.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**X** \_\_\_\_\_
**X** \_\_\_\_\_
**X** \_\_\_\_\_

PRIMARY MEMBER SIGNATURE                      JOINT OWNER #1 SIGNATURE                      JOINT OWNER #2 SIGNATURE

## AGREEMENT & SIGNATURE

By our signatures below as primary member and joint owner, we agree that all funds deposited into the account, including any earnings thereon, shall be owned by us jointly with right of survivorship (on the death of one party to the joint account, all sums in the account on the date of death will vest in and belong to the surviving parties as his/her separate property and estate). Any money, except par value, may be deposited or withdrawn, subject to the bylaws and rules of Catholic United Financial Credit Union, by any one the account owners. If the applicant is a minor, the account must have a joint owner who is at least 18 years old and who will be responsible for all transactions on the account. I/we agree to be bound by the terms and conditions and fees set forth in the Membership and Account Agreement, Truth-in-Savings disclosure, Funds Availability Policy, Electronic Fund Transfers Agreement and Disclosure, Privacy Policy and Fee Schedule now in effect and as amended hereafter.

By applying for membership, I authorize you to obtain my Consumer Credit Report at the time of this application to: 1) evaluate my qualifications for opening deposit accounts and enrolling for any other credit union services requested on this application, and 2) permit Catholic United Financial Credit Union to look for opportunities to refinance existing loans or to offer you other products and services.

**X** \_\_\_\_\_
**X** \_\_\_\_\_
**X** \_\_\_\_\_

PRIMARY MEMBER SIGNATURE                      JOINT OWNER #1 SIGNATURE                      JOINT OWNER #2 SIGNATURE