

## My Membership Savings Account

Account Number (Office Use Only)

Owner(s) Account(s) shall be (check one):

Individual Account  Joint Account

Date Opened \_\_\_\_\_

In addition, I request:  Checking Account  Visa® Check Card

iTalk  My CU Connection  CUe-Statement  Bill Payment

## 1. Membership Savings Account Agreement

Connected Credit Union is hereby authorized to recognize any of the signatures subscribed hereto on either side of this agreement in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with the Connected Credit Union that all sums now paid in on savings, or heretofore or hereafter paid in on savings by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, together with the proceeds of any insurance on said account, are and shall be owned by them jointly with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them. On the death of a joint owner, the balance in the account will belong to the surviving joint owner(s).

Any or all of said joint owners may pledge all or any part of the share (savings) in this account as collateral security for a loan or loans.

The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them, except by written notice to and consent of the Credit Union which shall not affect transactions theretofore made. I understand and agree that the USA PATRIOT Act obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.

Consumer reports (credit reports) will be obtained in connection with this application. If you request, 1) you will be informed whether or not consumer reports were obtained; and 2) if reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports.

**IMPORTANT: If mailing, include an enlarged photocopy of a valid photo ID (a driver's license, passport, state ID or school ID).**

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ D.O.B. \_\_\_\_\_

Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

States lived in (last five years) \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Eligible By:  Employer  Relative/Relationship \_\_\_\_\_  Other \_\_\_\_\_

Place of Employment \_\_\_\_\_

Joint Owner (if applicable) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ D.O.B. \_\_\_\_\_

I have enclosed \$ \_\_\_\_\_ to deposit into my Membership Savings Account.

## 2. Checking Account

Individual Account  Joint Account

I have enclosed \$ \_\_\_\_\_ to deposit into my Checking Account (\$25.00 minimum).

Credit Union use only: MICR Number \_\_\_\_\_

**Check Order** Please print this on my checks. *First order of 50 checks free.*

Name(s) \_\_\_\_\_

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

Phone \_\_\_\_\_

I would like to establish an overdraft line of credit.

Gross Income Per Month \_\_\_\_\_ Mortgage or Rent Per Month \_\_\_\_\_

**Your Income; Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not want it to be considered as a basis for repaying the loan.**

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## 3. Visa® Check Card

Visa® Check Card

*In order to issue a card to either signer of a joint account, both owners must sign at the end of this agreement.*

I/we agree to abide by the terms of the electronic funds transfer and cardholders agreement in the Membership Agreement & Disclosure provided to me/us separately by the Credit Union.

Approved Limit Visa® Check Card \_\_\_\_\_ Loan Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

## 4. Remote Services

iTalk (Audio Response)

Please choose a 4 digit PIN (Personal Identification Number) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

My CU Connection (Home Banking) Checking Account required

Payment Connection (Bill Payment)

CUe-Statement<sup>SM</sup> Complete email address at left

I request that Connected Credit Union discontinue sending my statement via U.S. Postal Service. I understand that my electronic statement information will be made available to me via the Internet through a secure user code/password login authentication.

You will receive confirmation once your account is set up for CUe-Statement via e-mail and additional notification each month when your new statement is available for viewing. Your initial password for logon will be the last 4 digits of your social security number; once logged on you can change your password to any numeric 4-digit password. I also understand that it is my responsibility to update my e-mail address through the CUe-Statement site should it change.

E-mail Notification Complete email address at left

I would like to receive e-mail notification of credit union products or services.

I understand that it is my responsibility to inform the credit union of any changes in my e-mail address.

## Signatures

### IMPORTANT TAX INFORMATION

You (as the payee) are required by law to provide us (as payor) with your correct taxpayer identification number. If you are an individual, your taxpayer identification number is your Social Security number. If you have not provided us with your correct identification number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, interest, dividends, and other payments that we make to you may be subject to backup withholding.

Backup withholding is different from the 10 percent withholding on interest and dividends that was repealed in 1983. If backup withholding applies, a payor is required to withhold 31 percent of interest, dividends, and other payments made to you. Backup withholding is not an additional tax. Rather, if the tax liability of persons subject to backup withholding results in an overpayment of taxes, a refund may be obtained.

**Certification Instructions: Cross out item 2 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. Person.**

#### TAX IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify:

- That the number shown on the membership card is my correct taxpayer identification number; and
- That 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 the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- I am either a U.S. citizen or a U.S. resident alien.

I hereby make application for membership in the Connected Credit Union and agree to conform to its bylaws and amendments thereof and subscribe for at least one share. I have read this brochure and all other applicable agreements and disclosures and I understand and agree to abide by the terms and conditions included and referenced in them as applicable to the accounts and services I have requested from the credit union.

X

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

X

Joint Owner Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Please initial stating you have received the appropriate disclosures.

**CREDIT UNION USE ONLY**

ID Verified

Authorized Official Signature \_\_\_\_\_ Date \_\_\_\_\_

**Additional Joint Owner Information**

1. Address \_\_\_\_\_

ID Type and Number \_\_\_\_\_

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**IMPORTANT: If mailing, include an enlarged photocopy of a valid photo ID (a driver's license, passport, state ID or school ID).**

**A \$25.00 deposit is required to open a Share Draft Account.**

**Mail to: Connected Credit Union • PO Box 1096 • Augusta, ME 04332-1096.**