A close up of a logo

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**Membership Application and Account Agreement**

**I would like to apply for the following Credit Union accounts/services:**

☒Savings ☐Checking ☐Select Money Market (minimum balance $1,000)

☐Christmas Club ☐Vacation Club ☐Select Plus Money Market (minimum balance $100,000)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Member Name | |  | Social Security Number |  |  |
| Date of Birth | |  | ID Type | ID Number | Issued By |
| Home Phone Number | |  | Cell Phone Number |  |  |
| Mailing Address | |  | City | State | Zip |
| Physical Address | |  | City | State | Zip |
| E-mail Address | |  | Security Password |  |  |
| Employer Name Profession/Job Title Length of Time With Employer Employer Phone Number | | | | | |
| I qualify for membership in the Credit Union through (Please select only one and complete the correlating information):  ☐Employer: Employed By  ☐Relative/Household: Name Relationship:  ☐Community: City/County Select One: ☐Work ☐Residence ☐Church ☐School  ☐Association: Name | | | | | |
| Joint Owner Name |  | | Social Security Number |  |  |
| Date of Birth |  | | ID Type | ID Number | Issued By |
| Home Phone Number |  | | Cell Phone Number |  |  |
| Mailing Address |  | | City | State | Zip |
| Employer |  | | Employer Phone Number |  |  |
| Additional Joint Owner | Social Security Number | | Date of Birth |  | ID Type and Number |

# Consent to Contact:

By providing the telephone number(s) above, you consent to Truliant Federal Credit Union, its agents, employees, or third parties contacting you at these telephone number(s) and any telephone number(s) provided in the future, through calls and text messages, using automatic telephone dialing systems and/or artificial or pre-recorded voice to inform you about products and services which may benefit you. You are not required to consent as a condition of purchasing any property, goods or service (including a loan). You may withdraw your consent at any time by written notice to Truliant Federal Credit Union, by phone call or by any other reasonable means, including opting out below.

□ I do not consent to contact

# Important Information about Identification Procedures:

To help the government fight the funding of terrorism and money laundering activities, Federal law now requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: Credit Union personnel will ask for your name, address, date of birth, and/or other information that will allow us to identify you. We may also ask to see your driver’s license and/or other identifying documents.

# 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. person (including a U.S. resident alien). My signature below constitutes my certification to the information set out in (1), (2) and (3) above.

**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 of underreporting interest or dividends on your tax return.

\* The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

You hereby make application for membership in the Truliant Federal Credit Union (herein “Credit Union”) and agree to conform to its laws, charter, bylaws, and amendments and subscribe for at least one share. All account terms published by the Credit Union are incorporated herein by reference. You authorize the Credit Union to establish the account(s) and loan(s) (subject to approval) you have indicated on this application, and agree to the terms of those agreements. You certify that all information herein is true and complete. You authorize the Credit Union to verify or obtain further information concerning your credit standing. All joint owners agree that each is joint on all accounts requested herein unless indicated otherwise in the “Joint Owner(s) Initials” section below, and all joint accounts are joint with rights of survivorship (see Account Terms for details). You also consent to receiving all account terms published by the Credit Union by electronic means to the e-mail address provided above (you may also request a hard copy

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Complete the Signature(s) Below to Activate the Account.** | | | | | |
| **X**  Member Signature | Date | **Joint Owner(s) -** check each box for account being added to: | | | |
| **X**  Joint Owner Signature | ☐Savings | ☐Checking | ☐Christmas | ☐Vacation | ☐Money Market |
| Date |  |  |  |  |
| **X**  Additional Joint Owner Signature | ☐Savings | ☐Checking | ☐Christmas | ☐Vacation | ☐Money Market |
| Date |  |  |  |  |

**For Credit Union Use Only:** Member # 1/19