TEMPE SCHOOLS CREDIT UNION

MEMBERSHIP APPLICATION

Check Systems

Credit Report

Applicant Information

Account Number:

Member Name (Last-first-initial)		Mothers Maiden Name	
Social Security Number	Date of Birth	Home Phone	
Home Address	City	State	ZIP
Drivers License	Email Address	Employer Name	
Work Phone	Employer Address	City State	ZIP

How are you eligible to join?

School	Employer	Account Type :
Other	MBR Group:	

***TIN certification and backup withholding disclosure:** Under penalties or perjury, I certify that the Social Security number (SSN) Taxpayer Identification Number (TIN) shown is correct and that I am not subject to back up withholding because I have not been notified that I am subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS had notified me that I am no longer subject to backup withholding and that I am, unless designated below, A U.S. person (including a U.S. Resident Alien).

Would you like to add a Joint Owner? Yes

Joint Owner Information

Name (Last – First- Initial)			Social Security Number	Date of Birth
Home address	City	State	ZIP	Home Phone

Second Joint Owner Information

Name (Last – First- Initial)			Social Security Number	Date of Birth
Home address	City	State	ZIP	Home Phone

Third Joint Owner Information

Name (Last – First- Initial)			Social Security Number	Date of Birth
Home address	City	State	ZIP	Home Phone

Is this a Business Account? Yes No

If yes, do you certify that this account will not be used for the purpose of Internet Gambling? Yes No

Optional Services Information Selection

I/We understand that a checking account and VISA Check Card are Subject to all terms and conditions outlined in the Tempe Schools Credit Union Member Account Agreement. All owners on the Saving account will also be joint owners on the Checking Account.

I/we request a: Checking Account ATM Card VISA Check Card

Account Beneficiary Designations

I/We designate who resides at

as the beneficiaries on this account. And as such he/she is entitled to all shares in said account upon my death, or if there is more than one joint owner, upon the death of all the owners.

Joint Share Account Agreement: Tempe Schools Credit Union is hereby authorized to recognize any of the signatures signed below in the payment of funds or the transaction of any business for this account. The joint owner(s) of this account hereby agree with each other and with Tempe Schools Credit Union that any funds in this account at any time shall be owned by them jointly with right of survivorship and be subject to the withdrawal or receipt of any of them. Payment to any of them or the survivor or survivors shall be valid and discharge Tempe Schools Credit Union from any liability for such payment. Any or all owners or joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from credit union. The right of authority of Tempe Schools Credit Union under this agreement shall not be changed or terminated by said owners or any owners except by written notice to Tempe Schools Credit Union.

By signing below I/We agree to conform to all Tempe Schools Credit Union terms, conditions and disclosures pertaining to all Tempe Schools Credit Union accounts and services, now and in the future. I acknowledge receipt of a Truth-in-Savings Rate and Fee Schedule and Disclosures, applicable to the accounts and services requested here-in. I/We authorize the credit union to obtain credit information from any source necessary. Line of Credit advances will be granted according to the terms of that agreement.

Member Signature Date

Joint Signature Date

Joint Signature Date

Joint Signature Date