



APPLICATION FOR MEMBERSHIP

Applicant Information									
Member name (Last-first-initial)		Social Security		Date of Birth		Phone			
Home Address			City		State		ZIP		
Driver's license		Mother's Maiden Name			Email address				
Employer		Employer Address		City-State-ZIP		Work phone			
How are you eligible to join?									
<input type="checkbox"/> School									
<input type="checkbox"/> Employer									
<input type="checkbox"/> Other									
*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).									
Joint Owner Information									
Name (Last - First - Initial)			Social Security Number			Date of birth			
Home Address			City-State-ZIP		Home Phone				
Joint Owner Information									
Name (Last - First - Initial)			Social Security Number			Date of birth			
Home Address			City-State-ZIP		Home Phone				
Optional Services Information and 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: <input type="checkbox"/> checking account <input type="checkbox"/> ATM Card <input type="checkbox"/> VISA Check Card <input type="checkbox"/> Line of Credit*									
Checking Overdraft Options: If there are not sufficient funds in my checking account to honor an item, please draw from the following:									
<input type="checkbox"/> Savings only <input type="checkbox"/> Savings first, then Line of Credit (LOC)* <input type="checkbox"/> Line of Credit, then Savings									
* A Line of Credit is a credit qualifying account. Please complete a loan application.									
Accountant 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 herein. 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.									
_____						Date			
Joint Owner signature						Date			
Member signature			Date			Joint Owner signature			
Date			Date			Date			
Credit Union Use Only		membership date		Opened by		Membership Officer			
Check Systems									
Account Number			SEG Number						

Account Number _____ Name _____ Last, First