



ACCOUNT # _____ APPLICATION

PRIMARY INFORMATION				<input type="checkbox"/> NEW MEMBERSHIP	<input type="checkbox"/> UPDATE MEMBERSHIP	<input type="checkbox"/> CLIENT / NON MEMBER
LAST NAME		FIRST NAME & MIDDLE NAME			SOCIAL SECURITY NUMBER / ITIN	
TYPE OF ID	ID #	ID EXP DATE (MONTH/YEAR)	MOTHER'S MAIDEN NAME		DATE OF BIRTH	
PHYSICAL ADDRESS		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	CITY		STATE & ZIP	
MAILING ADDRESS <input type="checkbox"/> CHECK HERE IF SAME AS PHYSICAL			CITY		STATE & ZIP	
EMPLOYER NAME			OCCUPATION		E-MAIL ADDRESS	
HOME PHONE #			WORK PHONE #		MOBILE PHONE #	
PERSONAL REFERENCE NAME (FIRST/LAST)			REFERENCE PHONE #			
ADDITIONAL INFORMATION						
Providing this additional information is optional. We ask for it because it helps us to better understand who our members are and how we can better serve them. It also helps us when writing proposals to try and raise money for the credit union and when reporting on the same. The Credit Union does not discriminate on the basis of race, religion, national heritage, ethnic background, gender or sexual preference.						
1. What is your primary racial background? <input type="checkbox"/> African American / Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Other (please identify) _____						
2. What is your primary ethnic background? <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Non- Hispanic						
3. What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female						
4. What is your approximate household income? <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$34,999 <input type="checkbox"/> \$35,000 - \$44,999 <input type="checkbox"/> \$45,000 - \$54,999 <input type="checkbox"/> \$55,000 - \$64,999 <input type="checkbox"/> \$65,000 - \$74,999 <input type="checkbox"/> \$75,000 - \$84,999 <input type="checkbox"/> \$85,000 - \$94,999 <input type="checkbox"/> \$95,000 - \$104,999 <input type="checkbox"/> \$105,000 - \$114,999 <input type="checkbox"/> >\$115,000						
5. I prefer not to share this information with the Credit Union _____ 6. How did you hear about us? _____						
CHECK MARK THE APPROPRIATE MEMBERSHIP ELIGIBILITY STATUS						
<input type="checkbox"/> 1. Select Employee Group or Association						
<input type="checkbox"/> 2. Places of Service						
<input type="checkbox"/> 3. Center for Community Self-Help membership (\$5 Membership fee required) [The Center for Community Self-Help is a 501(c)(3) nonprofit corporation dedicated to creating and protecting ownership and economic opportunity for all, especially for people of color, women, rural residents, and low-wealth families and communities. The Credit Union is affiliated with the Center for Community Self-Help.] I/we affirm our commitment to the mission of the Center for Community Self-Help and acknowledge that I/we are making a \$5 membership contribution to CCSH.						
<input type="checkbox"/> 4. Immediate family member of numbers (1), (2) and (3) above						
CLIENT / NON MEMBER						
If you do not wish to open a savings or checking account or to obtain loans from the credit union, you do not have to become a member of the credit union. In this case, you may still cash checks, purchase money orders, send money transfers and use certain other financial services. As a Client / Non-Member of the credit union you are subject to any of the terms and conditions of the credit union's third party vendors, available at any of the credit union branches. By signing below you represent that you have read and understand these terms and conditions and acknowledge that the credit union may share information about these activities with its third party vendors in accordance with applicable federal and state law.						
CLIENT / NON MEMBER Signature ►				Print Name		Date
MEMBERSHIP IDENTIFICATION REQUIREMENTS						
The following documentation and information is required of any person listed on this application as an account holder. <ul style="list-style-type: none">▪ Name▪ Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), or other government-issued ID number acceptable to the Credit Union▪ Date of birth▪ Proof of address▪ Copy of a valid driver license, passport, or other government-issued ID card acceptable to the Credit Union						

SECTION 6	JOINT INFORMATION				
	Right of Survivorship: We understand that by establishing a joint account under this provision that: (1) any one person named as joint owner in the account may make or direct a withdrawal from the account unless we direct that withdrawals require more than one signature; and (2) if we elect to create the right of survivorship in the account, that upon death of the one joint owner the money remaining in the account will not pass by inheritance to heirs of the deceased owner's will, but will belong to the surviving joint owner(s). We DO elect to create the right of survivorship in this account.				
	JOINT ACCOUNT HOLDER INFORMATION				
	LAST NAME		FIRST NAME & MIDDLE NAME		SOCIAL SECURITY NUMBER / ITIN
	TYPE OF ID	ID #	ID EXP. DATE (MONTH/YEAR)	MOTHER'S MAIDEN NAME	DATE OF BIRTH
	PHYSICAL			CITY	STATE & ZIP
	MAILING ADDRESS <input type="checkbox"/> CHECK HERE IF SAME AS PHYSICAL			CITY	STATE & ZIP
	EMPLOYER NAME			OCCUPATION	E-MAIL ADDRESS
	HOME PHONE #			WORK PHONE #	MOBILE PHONE #
	JOINT OR OTHER CUSTODIAN INFORMATION <input type="checkbox"/> JOINT <input type="checkbox"/> POWER OF ATTORNEY <input type="checkbox"/> REPRESENTATIVE PAYEE/FIDUCIARY <input type="checkbox"/> EXECUTOR OF ESTATE <input type="checkbox"/> OTHER/CUSTODIAN				
SECTION 7	LAST NAME		FIRST NAME & MIDDLE NAME		SOCIAL SECURITY NUMBER / ITIN
	TYPE OF ID	ID #	ID EXP. DATE (MONTH/YEAR)	MOTHER'S MAIDEN NAME	DATE OF BIRTH
	PHYSICAL ADDRESS			CITY	STATE & ZIP
	MAILING ADDRESS <input type="checkbox"/> CHECK HERE IF SAME AS PHYSICAL			CITY	STATE & ZIP
	EMPLOYER NAME			OCCUPATION	E-MAIL ADDRESS
	HOME PHONE #			WORK PHONE #	MOBILE PHONE #
	BENEFICIARY INFORMATION				
	NAME OF BENEFICIARY			CONTACT INFORMATION	
	DATE OF BIRTH	SOCIAL SECURITY #		RELATIONSHIP	PERCENTAGE
	NAME OF BENEFICIARY			CONTACT INFORMATION	
DATE OF BIRTH	SOCIAL SECURITY #		RELATIONSHIP	PERCENTAGE	
SECTION 8	AGREEMENT AND AUTHORIZATION SIGNATURES & BACKUP WITHHOLDING CERTIFICATION				
	By signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures, Funds Availability Policy, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice Disclosure, and Rate and Fee Schedules; and to any amendments the Credit Union makes from time to time, which are incorporated therein. I acknowledge receipt of a copy of the abovementioned disclosures, and any other agreements and disclosures applicable to the accounts and services requested herein. Additionally, I specifically consent and agree that the Credit Union may provide the abovementioned legally required disclosures electronically on the Credit Union website, or in writing, or both.				
	Under penalty of perjury, I certify that (1) my Social Security Number or Individual Taxpayer Identification Number shown on this form, and given for this/these account(s), if applicable, is my correct Taxpayer Identification Number, and that (2) 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 because the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding. Cross out item (2) above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Initial this section if you cross out item (2).				
	Yes, I want to open my Credit Union account(s), and become a member of Self-Help Federal Credit Union, if I am not already a member. I hereby authorize the Credit Union to open the account(s).				
	Primary Member Signature ►				Date
SECTION 9	Joint Member Signature ►				Date
	Joint or Other Custodian Signature ►				Date
	FOR OFFICE USE ONLY				
MEMBERSHIP OFFICER APPROVAL		MSR	BRANCH	DATE	
<input type="checkbox"/> OFAC <input type="checkbox"/> MIP <input type="checkbox"/> ChexSystems Comments:					