

## Membership & Services Application

**Select the services you would like to open**

- Savings Account (required for membership)
- Checking Account
- Share Certificate (CD)
- Christmas Club
- Money Market
- Individual Retirement Account
- Youth Account
- Travel Account

**Member Eligibility**

- Live in Ashland County
- Work in Ashland County
- Go to school in Ashland County
- Family Member
- Worship in Ashland County

**PRIMARY MEMBER**

**JOINT MEMBER**

Name			Social Security Number			Name			Social Security Number		
Street Address			How Long?			Street Address			How Long?		
City		State	Zip			City		State	Zip		
Work Phone		Home Phone		Birth Date		Work Phone		Home Phone		Birth Date	
Employer			How Long?			Employer			How Long?		
Job Title						Job Title					
Gross Annual Income			Monthly Income			Gross Annual Income			Monthly Income		
Previous Employer		Title	How Long?			Previous Employer		Title	How Long?		
Other Income			Source			Other Income			Source		

Beneficiary \_\_\_\_\_ Payable On Death \_\_\_\_\_

**Account Services**

- Payroll Deduction
- Direct Deposit
- Debit Card
- Overdraft Protection

**Authorization**

**TIN Certification and Backup Withholding Information**

By signing below, I certify, in accordance with the IRS W-9 Instructions provided by the Credit Union and under penalties of perjury that the Social Security Number(SSN/Taxpayer Identification Number (TIN)) shown is my correct identification number and that I am NOT, unless designated below, subject to backup withholdings because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends and interest, or because IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. person (including a U.S. resident alien).

- I am subject to backup withholding
- Exempt
- I am not a United States citizen or resident (complete W-8 form)

This application is submitted to attain membership and / or credit. I (We) certify that all information herein is true and complete. I (We) authorize the Credit Union to verify or obtain further information the Credit Union may deem necessary concerning my (our) credit standing. By signing the application, I agree to the terms and disclosures that are included as well as any additional disclosures that are sent to me by the credit union.

X \_\_\_\_\_  
Primary Member Signature Date

X \_\_\_\_\_  
Joint Member Signature Date