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 PRIMARY MEMBER Name Social Security Number		Member Eligibility Live in Ashland County Work in Ashland County Go to school in Ashland County Family Member Worship in Ashland County JOINT MEMBER 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	A	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				i
☐ Payroll Deduction			☐ Debit Car	rd
☐ Direct Deposit		☐ Overdraft Protection		
Authorization TIN Certification and Backup Withholding Information By signing below, I certify, in accordance with the IRS W-9 Number(SSN/Taxpayer Identification Number (TIN)) shown because I have not been notified that I am subject to backup w longer subject to backup withholding, and I am a U.S. person I am subject to backup withholding Exempt This application is submitted to attain membership and / or cr obtain further information the Credit Union may deem necess included as well as any additional disclosures that are sent to the	is my correct identification nu vithholding as a result of a fail (including a U.S. resident alic I arn not a United State: edit. I (We) certify that all info ary concerning my (our) credi	umber and that I am <u>NOT, unless</u> ure to report all dividends and in en). s citizen or resident (complete Wormation herein is true and comp	designated below, subject to terest, or because IRS has not -8 form) lete. I (We) authorize the Cre	backup withholdings iffied me that I am no
X		37		