

Baptist Credit Union Member Account Application

Member Number

Section A **PRIMARY** – Member

Last Name _____ First _____ Ini. _____

Street _____
Address _____

City _____ State _____ Zip _____

Mailing _____
Address _____

City _____ State _____ Zip _____

DOB: _____ SSN / TID: _____

Phone #s:
Hm: (_____) _____ Cell: (_____) _____

Wk: (_____) _____ ext: _____

Gender: Male Female **Mother's**
Maiden Name/ Password: _____

Driver's Lic: # _____ St: _____ Exp: _____

Email Address _____

Your Money Line PIN # (need 4 digits) _____

Section F **JOINT** – Member

Primary Must Initial: with without ➔ Rights of Survivorship
* Survivorship option will apply to all joint accounts unless specified otherwise.

Last Name _____ First _____ Ini. _____

Street _____
Address _____

City _____ State _____ Zip _____

Mailing _____
Address _____

City _____ State _____ Zip _____

DOB: _____ SSN / TID: _____

Phone #s:
Hm: (_____) _____ Cell: (_____) _____

Wk: (_____) _____ ext: _____

Gender: Male Female **Mother's**
Maiden Name/Password: _____

Driver's Lic: # _____ St: _____ Exp: _____

See page 2 for additional Joint Members.

Section B **PRIMARY** Services

Savings ATM Card _____ **Checking** Debit Card _____

Direct Deposit **Money Market** **CDs** **IRA**

Holiday Flex Acct. Other: _____

Section G **JOINT** Services

Savings ATM Card _____ **Checking** Debit Card _____

Direct Deposit **Money Market** **CDs** **IRA**

Holiday Flex Acct. Other: _____

Section C **Overdraft Privilege**

Must indicate by circling:

Overdraft Privilege	Yes	No
Checking / ACH	Yes	No
ATM / POS	Yes	No
Debit Card	Yes	No

Section D **BENEFICIARY** – Account Designation

Payable on Death (POD): *Select One* ➔ All Accounts Designate Specific Account: _____

Beneficiary's Name: _____ Relationship: _____ SSN/DOB: _____

Address: _____ City: _____ St: _____ Zip: _____

UTTMA (under the *Uniform Transfer To Minors Act*) (as custodian for _____)

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

_____ I am subject to backup withholding _____ I am **NOT** a US citizen or resident (complete W-8 Form) _____ I am Exempt

Please note that BCU will do a checking history inquiry and that membership is contingent upon approval on a ChexSystems Report. By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Rate and Fee Schedule, Overdraft Privilege Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment Baptist Credit Union makes from time to time which are incorporated herein. (Received by mail if account not opened in person). If an ATM card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____
Signature / Primary Acct Owner

Date

X _____
Signature / Joint Acct Owner

Date

Section E _____ **Right Thumb Print**

Section H _____ **Right Thumb Print**

Baptist Credit Union's Use Only

Eligibility	Obtained & Verified		ChexSystems: ▶ Phone: _____ ▶ Internet: _____			
Must Select One: <input type="checkbox"/> BHS <input type="checkbox"/> Family <input type="checkbox"/> Baptist Church Member <input type="checkbox"/> Employee of South Baptist Inst. <input type="checkbox"/> CFAA Other: _____	Primary <input type="checkbox"/> Driver's Lic. <input type="checkbox"/> SS Card <input type="checkbox"/> Photo ID * <input type="checkbox"/> *Complete information on back	Joint <input type="checkbox"/> Driver's Lic. <input type="checkbox"/> SS Card <input type="checkbox"/> Photo ID *	Primary Cleared: Yes No SSN Issued: Yr _____ St: _____ Retail History: _____ Date _____ Initials _____	Joint Cleared: Yes No SSN Issued: Yr _____ St: _____ Retail History: _____ Date _____ Initials _____	Description of Update _____	
_____ Date of Membership	_____ Employee's Signature		_____			

APPLICATION MUST BE RETURNED TO A BCU BRANCH WITH THE INITIAL \$25 DEPOSIT, A COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD OR ANOTHER ACCEPTABLE FORM OF IDENTIFICATION. MEMBERSHIP SUBJECT TO ACCOUNT APPROVAL.

■ For Baptist Credit Use Only:

Member's Documentation

■ Primary

- Driver's License No. _____ State _____ Issue Date _____ Exp. Date _____
- Student ID No. _____ Date _____ School _____
- Passport No. _____ Date _____ Issuing Country _____ Exp. Date _____
- Employee ID. No. _____ Date _____ Employer _____
- Other Document No. _____ Describe Document _____
 Issuing Authority _____ Issue Date _____ Exp. Date _____

■ Joint

- Driver's License No. _____ State _____ Issue Date _____ Exp. Date _____
- Student ID No. _____ Date _____ School _____
- Passport No. _____ Date _____ Issuing Country _____ Exp. Date _____
- Employee ID. No. _____ Date _____ Employer _____
- Other Document No. _____ Describe Document _____
 Issuing Authority _____ Issue Date _____ Exp. Date _____

Member's Non-Documentation

- Third Party Verification (credit bureaus, public data bases) Source _____
- Obtained Reference from Other Financial Institutions Name _____
- Contacted Member by: Phone Mail E-Mail
- Other Sources _____

Other Documentation

State any discrepancy in the identity information provided above discovered through the identity verification process and the resolution of the discrepancy. _____

Comments

Employee Completion Of Above Documentation

Verification Completion Date: _____ **By:** _____
