

What you will need to join America's Christian Credit Union:

- Government issued ID/Driver's License/State ID or Passport
- Your complete physical and mailing address
- Social Security Number
- Date of Birth

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT — To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

For the best and fastest experience possible, as a part of your membership application for verification purposes, please unfreeze/unblock your credit with any credit agencies. By not unblocking your credit before submitting this application may cause delays in the process.

Personal Information (A photocopy of your driver's license or other government identification is required)

Full Legal Name:		DOB: ____/____/____
SSN/TIN #:	Mother's Maiden Name:	
Driver's License/ID #:	Issuing State:	Exp. Date: ____/____/____
Physical Address (No P.O. Box):		
City:	State:	ZIP:
Mailing Address (if different):		
City:	State:	ZIP:
Mobile Phone:	Home Phone:	
<input type="checkbox"/> (Please check) Consent to Electronic Communications: You agree that America's Christian Credit Union (ACCU) may from time to time make calls and/or send text messages to you at any telephone number associated with your current or future account(s), including wireless telephone numbers that could result in charges to you. The manner in which these calls or text messages are made to you may include, but is not limited to, the use of prerecorded/artificial voice messages and/or automatic telephone dialing system, as well as informational calls regarding your account. You further agree that ACCU may send e-mails to you at any e-mail address you provide us or use other electronic means of communication to the extent permitted by law. Consent is not a condition for maintaining an account at ACCU and may be revoked at any time and by any reasonable means.		
Email Address:	Employer:	Occupation: (If currently unemployed or retired please list prior occupation)
How did you hear about ACCU? <input type="checkbox"/> Family/Friend <input type="checkbox"/> Work <input type="checkbox"/> Church <input type="checkbox"/> School <input type="checkbox"/> Newspaper <input type="checkbox"/> Online <input type="checkbox"/> Adoption Agency		

Field of Membership and Statement of Faith (Membership at ACCU requires alignment with our Field of Membership)

Eligibility: Please complete if applying for Membership. A \$2 membership fee will apply. Please check all that apply.

1 I am a Member Regular Attendee Student/Alumnus Employee

Name of Church/School/Ministry:

Denomination (if non-denominational enter N/A): City: State:

OR

2 I am an immediate family member living in an ACCU member's home Member's Name:

Relationship: Phone Number:

By signing below, I acknowledge that I have received, understand and am in alignment with the Wesleyan Christian Doctrine and its identity as shown in America's Christian Credit Union's Statement of Faith.

Signature and Certification

Terms & Conditions: By signing below, the undersigned certifies that (s)he has applied for membership (or as joint accountholder) in the credit union; agrees to its by-laws and the Terms and Conditions of any approved account, as amended from time to time; and authorizes the credit union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certifies that the information provided on this form is true and correct, and that the Terms and Conditions on the Application apply to all accounts held by the undersigned at this credit union.

Name: Date: ____/____/____ Signature:

This area is for credit union use only

Approved by: Title: Date: ____/____/____

Member #: Account #:

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Select Your Account:
Promo Code _____

<input type="checkbox"/> High Yield Savings (Min. \$10,000)	<input type="checkbox"/> Regular Share/Savings	<input type="checkbox"/> Money Market
<input type="checkbox"/> Christmas Club (Max. \$20,000)	<input type="checkbox"/> Vacation Club (Max. \$20,000)	<input type="checkbox"/> IRA Share
<input type="checkbox"/> Elite Checking with Overdraft Line of Credit (LOC) <input type="checkbox"/> Requested LOC amount \$ _____ <input type="checkbox"/> I choose to decline an Overdraft LOC <input type="checkbox"/> Debit card <input type="checkbox"/> Issue checks	<input type="checkbox"/> Basic Checking with Overdraft Line of Credit (LOC) <input type="checkbox"/> Requested LOC amount \$ _____ <input type="checkbox"/> I choose to decline an Overdraft LOC <input type="checkbox"/> Debit card <input type="checkbox"/> Issue checks	<input type="checkbox"/> Term Share Certificate (Min. \$1,000) Term _____ <input type="checkbox"/> IRA Term Share Certificate (Min. \$500) Term _____

Account Signer(s):

Account Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint		
Primary Member:		
Date of Birth: ____/____/____	SSN/TIN:	Household Income: \$
Signer #2:		
Date of Birth: ____/____/____	<input type="checkbox"/> Secondary Member <input type="checkbox"/> Joint Tenant Only (non-member) <input type="checkbox"/> Inquiry Only	
Change of Address/Telephone Number:	<input type="checkbox"/> Please check if you are an existing member and your address/phone number has changed. Please complete a new Personal Profile to update your information.	

Designation of Transfer on Death Beneficiary: (For additional beneficiaries, please complete another Account Agreement form)

Beneficiary #1:	Relationship:	Percentage:
Address (no P.O. Box):		
City:	State:	ZIP: Phone:
Beneficiary #2:	Relationship:	Percentage:
Address (no P.O. Box):		
City:	State:	ZIP: Phone:

Overdraft Protection

Transfer Overdraft Protection (TOP) is an optional service that helps you avoid overdrafts and returned items on your checking account by using the funds from another account for overdraft protection. Subject to the provisions of the Terms and Conditions, if any action taken with regard to your checking account results in the account becoming overdrawn, you can authorize ACCU to make a transfer from another account, in the order specified, together with any related fees by listing the accounts below: (a Visa credit card may not be used for TOP)

1. _____	2. _____	3. _____	4. _____
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W-9 Request for Taxpayer Identification Number and Certification

(Primary member's name and tax identification number will be used for tax reporting)

By signing below, I certify under penalties of perjury that:

(1) the Taxpayer Identification Number (TIN)/Social Security Number shown on this form is my correct TIN; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding (and have written "Exempt" after my TIN on the TIN blank), or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has informed me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien). FATCA reporting does not apply.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

Primary Member's Signature: _____

Date: ____/____/____

Agreement and Authorization:

By signing below, I/we hereby apply for membership with America's Christian Credit Union (ACCU) or certify I/we are existing members and agree that the account(s) and/or services shall be governed by the terms and conditions set forth herein the Credit Union's Disclosure(s), with which I/we have been provided and I/we agree to conform to the bylaws and amendments thereof. All signers authorize this Credit Union to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account. I/we understand that membership is contingent on satisfactory account verification. I/we understand that joint account owners will have the same privileges as the primary account owner. I/we agree that I/we will have the option of opening additional accounts verbally or electronically unless stated otherwise in writing. Under penalty of perjury, I/we certify that the information provided on this form is true, correct, and complete.

Primary Member: _____

Date: ____/____/____

Joint Signer (if applicable): _____

Date: ____/____/____

This area is for credit union use only

Member #:	ACCT #:	ACCT #:	ACCT #:
Approved by:	Title:	Date: ____/____/____	

Disclosures are provided to the member, in person, when the account is opened or mailed if the member is not present.

- Truth in Savings Disclosure Funds Availability Policy Consumer Fee Schedule Check 21 Substitute Check Policy Disclosure
 Electronic Fund Transfer Disclosure and Agreement Privacy Disclosures