

IMPORTANT INFORMATION: 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 drivers' license or other identifying documents. The information you provide is protected by our privacy policy and federal law.

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. (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:
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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: ____/____/____
CIF #	Account #	