



MEMBERSHIP APPLICATION

"Please print out and complete the following application, have the applicant(s) signature(s) notarized, including all joint signer(s), and mail along with \$5 to open the account, and a photocopy of valid picture ID(s) of all account signers."

Federal Law requires us to obtain, verify and record information about your identity. When you open an account, you will be asked to provide information that will allow us to identify you. We will also ask for a copy of your driver's license or other federal or state government ID. Thank you in advance for your cooperation.

This is (check one) <input type="checkbox"/> New Account <input type="checkbox"/> Change <input type="checkbox"/> New Service		
Primary Member Name	Member Number	Date
Primary Member Information Account Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> UTMA/UGMA Custodial		
Name	Social Security Number	Date of Birth
Address	City, State, Zip	
Mailing Address (if different)	Parish/School for Membership Eligibility	
Home Phone ()	Work Phone (include ext.) ()	Cell Phone ()
E-mail Address **	Password	Driver's License #
Multiple Member Information <input type="checkbox"/> Joint Owner <input type="checkbox"/> Custodian <input type="checkbox"/> Beneficiary (POD)		
Name	Social Security Number	Date of Birth
Address	City, State, Zip	
Home Phone ()	Work Phone (include ext.) ()	Cell Phone ()
E-mail Address**	Driver's License #	
Multiple Member Information <input type="checkbox"/> Joint Owner <input type="checkbox"/> Successor Custodian <input type="checkbox"/> Beneficiary (POD)		
Name	Social Security Number	Date of Birth
Address	City, State, Zip	
Home Phone ()	Work Phone (include ext.) ()	Cell Phone ()
E-mail Address**	Driver's License #	
Multiple Member Information <input type="checkbox"/> Joint Owner <input type="checkbox"/> Beneficiary (POD)		
Name	Social Security Number	Date of Birth
Address	City, State, Zip	
Home Phone ()	Work Phone (include ext.) ()	Cell Phone ()
E-mail Address**	Driver's License #	

Account and Services Selection

- Basic Package (Share Account, Club/Treasure Account and e-Commerce Services)
- Essential Package (Share Account, Share Draft Account, Debit Card and e-Commerce Services)
- Share Account Money Market Savings Club/Treasure Account Share Draft Money Market Share Draft Debit Card
- Term Share Certificate Direct Deposit/Payroll Ded Home Banking/Smart Money Line e-News Bill Pay

Debit Card Authorization

- Yes, I want Unity Catholic FCU to authorize and pay overdrafts on my ATM and everyday Debit Card transactions.
- No, I do not want Unity Catholic FCU to authorize and pay overdrafts on my ATM and everyday Debit Card transactions.

Credit Report Authorization

I authorize Unity Catholic Federal Credit Union to obtain a credit report to determine my eligibility for membership, including opening this account and any other financial services I may request

SSN/TIN Certification and Backup Withholding Information

By signing in the designated area, under penalties of perjury, I/we certify that:(1)The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2)I am not subject to back up withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding and (3)I am a U.S. person (including a U.S. resident alien). The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Account Agreement

By signing the designated area, I/we agree to the terms and conditions of the Membership & Account Agreement, Truth-in-Saving, Rate & Fees Schedule, Funds Availability Policy, and to any amendment Unity Catholic Federal Credit Union (UCFCU) makes, incorporated in the above. I/we acknowledge receipt of a copy of the Agreement and Disclosures and applicable to the accounts and services requested. I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.

UCFCU is hereby authorized to recognize any of these signatures subscribed on this form in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with UCFCU that all sums paid into shares or paid from shares by any of all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by any of them, and payment to any of them or the survivor shall be valid and discharge UCFCU under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to UCFCU which shall not affect transactions theretofore made prior to receipt of said written notice.

Request to Receive Electronic Documentation

- If this box is checked, you request that we provide documentation to you electronically (that you may access through our Online Banking) according to the Disclosures Manual and that you acknowledge that you have received, read, understand and agree to its terms.

E-Newsletter

**As a benefit of your Unity Catholic Federal Credit Union membership, you'll receive email updates notifying you about current specials and upcoming events. We'll also let you know about identity theft scams and provide tips to keep your account save. You may opt out of these emails at any time by using the link at the bottom of each email.

Signatures

Primary Member X	Date	Additional Member X	Date
Additional Member X	Date	Additional Member X	Date

STATE OF OHIO, COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ (date) By _____ (name of person acknowledged.)

Notary Public Signature _____ Printed Name: _____

My Commission Expires: _____

C.U. Use Only

Event that application is taken _____ Date _____

Received By _____ Date _____

Processed By _____ Date _____

