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

Member Eligibility

- ☐ Live in Ashland County
- ☐ Work in Ashland County
- ☐ Go to school in Ashland County
- ☐ Family Member
- ☐ Worship in Ashland County

PRIMARY MEMBER			**JOINT MEMBER**		
Name		Social Security Number	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		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

- ☐ Payroll Deduction
- ☐ Direct Deposit
- ☐ Debit Card
- ☐ Overdraft Protection

Authorization

TIN Certification and Backup Withholding Information

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

☐ I am subject to backup withholding ☐ Exempt ☐ I am not a United States citizen or resident (complete W-8 form)

This application is submitted to attain membership and / or credit. I (We) certify that all information herein is true and complete. I (We) authorize the Credit Union to verify or obtain further information the Credit Union may deem necessary concerning my (our) credit standing. By signing the application, I agree to the terms and disclosures that are included as well as any additional disclosures that are sent to me by the credit union.

X_____ X_____

Primary Member Signature Date Joint Member Signature Date