



Membership Application.

OFFICE USE ONLY	
Acct. Number _____	Teller Number _____
Date _____	Approved By _____

IMPORTANT INFORMATION ABOUT PROCEDURE(S) 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 you 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.

A copy of current government issued I.D. is required of all members.

PRIMARY MEMBER INFORMATION

Name _____

Address _____

City, State, Zip _____ County _____

Per the Patriot Act, if you list a P.O. Box for your mailing address, you must also provide a residential address:

Address _____

City, State, Zip _____

If you have lived at this address less than 2 years, please provide prior address: _____

City, State, Zip _____

SS# _____ Date of Birth _____

Home# _____ Cell# _____

Email Address _____

Employer _____ Work# _____

Occupation _____ Monthly Gross Income _____

ID Type/State _____ ID# _____

ID Expiration Date _____ US Citizenship (Yes / No) _____

I certify that I am eligible for membership through:

(County **OR** Partner Group **OR** Name and Relationship of Eligible Party)

(1) JOINT INFORMATION

Per the Patriot Act, a residential address is required for all Joint Members.

Name _____

Address _____

City, State, Zip _____ County _____

SS# _____ Date of Birth _____

Home# _____ Cell# _____

Email Address _____

Employer _____ Work# _____

Occupation _____ Monthly Gross Income _____

ID Type/State _____ ID# _____

ID Expiration Date _____ US Citizenship (Yes / No) _____

(2) JOINT INFORMATION

Per the Patriot Act, a residential address is required for all Joint Members.

Name _____

Address _____

City, State, Zip _____ County _____

SS# _____ Date of Birth _____

Home# _____ Cell# _____

Email Address _____

Employer _____ Work# _____

Occupation _____ Monthly Gross Income _____

ID Type/State _____ ID# _____

ID Expiration Date _____ US Citizenship (Yes / No) _____

REQUESTED PRODUCTS AND SERVICES (MARK ALL THAT APPLY):

- | | | |
|--|--|---|
| <input type="checkbox"/> Savings * | <input type="checkbox"/> Checking Account (Select One): | <input type="checkbox"/> VISA® Debit Card (Select Card Recipients): |
| <input type="checkbox"/> Additional Savings 1 | <input type="checkbox"/> High Rewards Checking | <input type="checkbox"/> Primary |
| <input type="checkbox"/> Additional Savings 2 | <input type="checkbox"/> Simply Checking | <input type="checkbox"/> 1) Joint |
| <input type="checkbox"/> Money Market Account
(Minimum \$2,500 Balance) | <input type="checkbox"/> Order New Checks (Standard Checks Will Be Ordered) | <input type="checkbox"/> 2) Joint |
| <input type="checkbox"/> Order New Money Market Checks | <input type="checkbox"/> Online Banking / eStatements / Memberline phone banking | <input type="checkbox"/> Checking Overdraft Protection (From Savings) |
| | <input type="checkbox"/> Bill Pay (Free With Any Checking Account) | |

INDIVIDUAL / JOINT ACCOUNT HOLDER INFORMATION - PLEASE READ: I hereby make application for membership in and agree to conform to the Bylaws, as amended, of LGE Community Credit Union (the "Credit Union"). By signing below I further certify that: I am within the field of membership of this Credit Union; the information provided on this application is true and correct; and my written signature on this application applies to all accounts under my name at the Credit Union. I also agree to be bound to the terms and conditions of any account that I have in the Credit Union now or in the future. These include, but are not limited to, the Membership and Account Agreement, Truth in Savings Act, Funds Availability Policy, Electronic Funds Transfer Agreement, Privacy Notice, etc.

INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES: The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION: Under penalties of perjury, each signing party certifies that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding under federal laws or a specific FATCA Payee Code () enter code here from W-9 instructions, 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 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). Complete a W-8 BEN if you are not a U.S. person.

COMMUNICATIONS CONSENT: If a cell number or text contact (together "contact") is provided, or if I/we later provide such to the Credit Union via other communications including online banking or social media, I/we consent and agree that the Credit Union may use this contact to provide information to me/us about my/our accounts and services, to reply to any inquiry, or to provide other information via calling, texting, or otherwise. This contact may be by dialing the cell phone, autodialer, text, or robo text methods. I/we understand that this consent is not required to obtain any loan or services from the Credit Union.

***Membership with LGE Community Credit Union requires that all members have a savings account and maintain a minimum balance of \$5.**

By my signature, I/we authorize LGE Community Credit Union to verify the information submitted and to obtain credit reports and any other information as may be required concerning the statements made above.

Primary Signature _____ Date _____

(1) Joint Signature _____ Date _____

(2) Joint Signature _____ Date _____