

ISU Credit Union

Membership Application

CU Use Only		
Date _____	ChexSystems Verified _____	
Member # _____	Checks Ordered _____	
ID# _____		
AIME _____	HFS _____	Initials _____

TYPE OF ACCOUNTS (check all that apply)	PURPOSE OF APPLICATION	ELIGIBILITY FOR MEMBERSHIP
<input type="checkbox"/> Savings (Required for membership) <input type="checkbox"/> Checking with FREE ATM/Debit Card <input type="checkbox"/> Kids' Club <input type="checkbox"/> Enhanced Shares <input type="checkbox"/> Certificate	<input type="checkbox"/> New Member <input type="checkbox"/> Name Change <input type="checkbox"/> Add Joint Owner <input type="checkbox"/> Add Checking Account <input type="checkbox"/> Delete Joint owner * <input type="checkbox"/> Beneficiary Change * Please attach written authorization	<input type="checkbox"/> Employee _ ISU _ Pantagraph <input type="checkbox"/> ISU Student <input type="checkbox"/> ISU Alumni <input type="checkbox"/> ISU Redbird Club / Foundation Sponsor <input type="checkbox"/> Family Member _____ <input type="checkbox"/> Live or work in McLean County

Form of Ownership: Individual Joint (with Right of Survivorship)

I acknowledge that all subsequent accounts under this membership number will have the same ownership

Primary Member Information

Member Name _____ Date of Birth _____
Last First MI mm/dd/yyyy

Mailing Address _____ City _____ State _____ Zip Code _____

Complete alternate address information section if you are a student or have listed a PO Box as your mailing address

Social Security # _____ State ID # _____ Mother's Maiden Name _____

Home Phone # _____ Email _____ Employer _____ Work Phone # _____

Alternate Address _____ City _____ State _____ Zip Code _____

Alternate Phone # _____

Joint Owner Information

Member Name _____ Date of Birth _____
Last First MI mm/dd/yyyy

Mailing Address _____ City _____ State _____ Zip Code _____
No PO Boxes

Social Security # _____ State ID # _____ Mother's Maiden Name _____

Home Phone # _____ Email _____ Employer _____ Work Phone # _____

Secondary Joint Owner Information

Member Name _____ Social Security # _____
Last First MI

Beneficiary Information

Full Legal Name _____ SSN / Relationship _____ Address _____

Full Legal Name _____ SSN / Relationship _____ Address _____

Member Proxy Statement

I do hereby constitute and appoint the members of the Board of Directors of this credit union, who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which I am entitled, for the election of directors, mergers, and any matter with regard to which credit union shareholders are entitled to vote by proxy, as the said directors or a majority of them see fit, at all annual or special meetings of the members of ISU Credit Union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by me. I further authorize the said proxies to designate a person or committee to cast the vote or votes in such manner and for such candidates as the said proxy shall determine, and as permitted by law. I understand my attendance at any meeting, regular or special, is a one time cancellation of this proxy.

Signature Disclosure Section

This is a contract between you and ISU Credit Union for the account(s) listed. It is subject to state and federal laws and the Uniform Commercial Code, as adopted in Illinois. By signing below, the undersigned apply for membership in this Credit Union; agree to its by-laws and the terms and conditions of any approved account found in our account information brochure, as amended from time to time; and authorize the Credit Union to verify credit history by any necessary means, including preparation of a third party consumer report. The undersigned certify that information provided on this application is true and correct and that the terms on the Application apply to all accounts held by the undersigned at this credit union.

 CHECK HERE if you are subject to backup withholding under the provisions of Section 4306(a)(1)(c) of the Internal Revenue Code.

Certification: Under the penalties of perjury, I certify that the Taxpayer Identification Number and Backup Withholding Information in this form is true, correct, and complete and I am a U.S. person (including a U.S. Resident Alien). "The Internal Revenue Service does not require your consent to any provision of certifications required to avoid backup withholding."

Primary Member Signature **X** _____

Joint Owner Signature **X** _____

2nd Joint Owner Signature **X** _____