Checking Account
Application

Delta Community CREDIT UNION

☐ **Update Services for Account No.** _____

Form Instructions: Complete all applicable areas on the form and sign and date in the signature area.
Print and mail the completed form to: Delta Community Credit Union
ATTN: Personal Deposit Services, P.O. Box 20541 Atlanta, GA 30320-2541, or fax to 404-677-4802
Email not recommended

Primary Member Information

Name (First, MI, Last) _____ Social Security Number _____ Account Number _____

Product Options
☐ Free Checking

Cards
☐ Visa Check Card Check Card Design ☐ Delta Community Logo ☐ Airplane

Checks*
Checking Account ☐ Specialty Mint ☐ Safety Blue ☐ Antique ☐ Pride of Membership ☐ Delta Plane (777)

***Applicable check order charge will be deducted from your Checking Account.** Checks will be mailed within two weeks of Account Opening. Order will be one box printed with start number of 1001, name, address, telephone no. and Joint Owner(s) (if applicable).

Alternate Mailing Address for Checks: _____

Opening Deposit Instructions

Opening Deposit: $ _____

☐ Check enclosed *(if not from Delta Community CU funds)*

☐ Transfer funds from my Account No. _____ ID _____

Joint Information Adult joint owner required for all minor accounts

Joint 1 Name (First, MI, Last) _____ Social Security Number _____ Date of Birth _____ Phone Number _____

Street Address *(No P.O. Boxes)* _____ City _____ State _____ Zip _____

ID Type: ☐ Driver's License ☐ State Issued ID ☐ US Passport ☐ US Military ID

ID Number _____ State of Issue/Military Branch _____ Issue Date _____ Expiration Date _____

Employer _____ Occupation _____ ☐ Visa Check Card Design: ☐ Delta Community Logo ☐ Airplane

Joint 2 Name (First, MI, Last) _____ Social Security Number _____ Date of Birth _____ Phone Number _____

Street Address *(No P.O. Boxes)* _____ City _____ State _____ Zip _____

ID Type: ☐ Driver's License ☐ State Issued ID ☐ US Passport ☐ US Military ID

ID Number _____ State of Issue/Military Branch _____ Issue Date _____ Expiration Date _____

Employer _____ Occupation _____ ☐ Visa Check Card Design: ☐ Delta Community Logo ☐ Airplane

Payable on Death Beneficiary Information – cannot be the same person as the Joint Owner

POD 1 Name (First, MI, Last) _____ Social Security Number _____

POD 2 Name (First, MI, Last) _____ Social Security Number _____

Terms and Conditions

1. You promise that everything you have stated in this application is correct. You authorize Delta Community Credit Union ("Credit Union") to verify your employment and to obtain credit reports and copies of state issued identifications in connection with your request for membership. You understand the Credit Union will rely on the information in this application and your credit reports to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications made to federal credit unions and state chartered credit unions insured by the National Credit Union Administration. If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.

2. By signing below you acknowledge receipt of a copy of the Member/Savings Services Disclosures and Agreements, including Disclosure Supplement, and Privacy and Opt Out Notification and agree to the terms and conditions therein.

TIN Certification and Backup Withholding Information

By signing below, under penalties of perjury, I 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 backup 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 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. citizen or other U.S. person (defined in the instructions).

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I hereby authorize Delta Community Credit Union to open the above Checking Account.

Signature of Primary Member _____ Date _____

Signature of Joint Owner _____ Date _____

Signature of Joint Owner _____ Date _____

Upon receipt of this form and your check or transfer fund instructions, the Credit Union will open your Checking Account and your account disclosure documents will be mailed to you.