Membership Application
Signature Card
DELTA AIR LINES

☐ **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 | Date of Birth (MM/DD/YYYY)

Street Address *(No P.O. Boxes)*

City | State | Zip | Years at Current Address

Previous Address if Current is under 2 years

Are you a foreign (non-US) employee? ☐ Yes ☐ No **If yes, please include a copy of your passport.**

Foreign Address (Street, City, Country, Country Code)

Home Phone | Work Phone | Mobile Phone | Email

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

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

DELTA AIR LINES

Employer | Date of Hire | Occupation

Delta Employee Number | Station Code | Department Number

Payroll Information

Employment Status: ☐ Active Delta ☐ Survivor ☐ Retired ☐ Long Term Disability ☐ Foreign

Pay Period: ☐ Semi Monthly (15th /Last) ☐ Bi-Weekly ☐ Weekly (NYCPMNW) ☐ Monthly (1st)

Direct Deposit: Total to: ☐ Savings ☐ Checking | Dollar amount to: ☐ Savings ☐ Checking | Balance to: ☐ Savings ☐ Checking

Amount: _____ _____

Accounts and/or Services Requested

Savings only for foreign employees except in Canada and Bahamas

Savings Accounts

☑ Savings **(Required)**

☐ Additional Savings

Checking Accounts

☐ Free Checking

Money Market Accounts

☐ Money Market Account

Cards

☐ ATM/Visa Check Card Check Card Design ☐ Airplane ☐ Delta Community Logo

ATM/Visa Check Card -- If Savings **only** is selected, an ATM card will be issued. If Savings and Checking are selected, a Visa Check Card will be issued.

☐ MMA ATM Card

Checks*

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

Money Market Account ☐ Money Market Checks

***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: _____

_____

Joint Owner Information- not applicable for foreign employees except in Canada and Bahamas

Joint 1 Name (First, MI, Last) | Social Security Number | Date of Birth (MM/DD/YYYY)

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

Home Phone | Work Phone | Mobile Phone | Email

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 | Date of Hire | Occupation

Accounts: ☐ Savings ☐ Additional Savings ☐ Free Checking ☐ Money Market Account

Cards: ☐ ATM/Visa Check Card Design: ☐ Airplane ☐ Delta Community ☐ MMA ATM

Joint 2 Name (First, MI, Last) | Social Security Number | Date of Birth (MM/DD/YYYY)

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

Home Phone | Work Phone | Mobile Phone | Email

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 | Date of Hire | Occupation

Accounts: ☐ Savings ☐ Additional Savings ☐ Free Checking ☐ Money Market Account

Cards: ☐ ATM/Visa Check Card Design: ☐ Airplane ☐ Delta Community ☐ MMA ATM

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

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

Accounts: ☐ Savings ☐ Additional Savings ☐ Free Checking ☐ Money Market Account

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

Accounts: ☐ Savings ☐ Additional Savings ☐ Free Checking ☐ Money Market Account

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.

Signature of Applicant/Member _____ Date

Signature of Joint Owner _____ Date

Signature of Joint Owner _____ Date