# Membership Application

## Signature Card

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**

### Membership Eligibility

☐ Resident of metro Atlanta — Name of County _____

☐ Eligible Employee of Company — Name of Company _____

☐ Member of Eligible Organization — Name of Organization _____

☐ Relative of Member — Name of Member _____ Relationship _____

**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

Foreign Address (Street, City, Country, Country Code) **United States citizens living outside the U.S. only**

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 and/or Services Requested

Adult joint owner required for all minor accounts

**Savings Accounts**

☑ Savings **(Required)**

☐ Additional Savings

**Checking Accounts**

☐ Free Checking

**Money Market Accounts**

☐ Money Market Account

### Cards

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

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

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

**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: ☐ Delta Community ☐ Airplane ☐ 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: ☐ Delta Community ☐ Airplane ☐ 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

(If member is 12 years old or under, please print minor's name)

Signature of Joint Owner _____ Date

Signature of Joint Owner _____ Date