Membership Referral Application





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

	Delta Community Credit Union dember who referred you to Delta Co		e the following within the first 60 days		
of your account opening date.			9-1-1		
· ·	a Savings and Checking Account		use it at least once		
Initiate a Direct Deposit to your account #40 Simon for Online Bill Bookhoon by Online Booking					
• \$10 Sign u To participate, simply enter the last nam	up for Online Bill Pay through Onli ne and account number for the n	-	to Delta Community CII		
Last Name	ne and account number for the r	Account Number	to Detta Community CO		
		Account Number			
Membership Eligibility					
Resident of metro Atlanta	Name of County				
☐ Eligible Employee of Company	Name of Company	-			
☐ Member of Eligible Organization	Name of Organizat				
☐ Relative of Member Name of N	Member Relationship		hip		
Primary Member Information					
N. (Fig. M.)		. 10	D. Co. J. Garage		
Name (First, MI, Last)	So	cial Security Number	Date of Birth (MM/DD/YYYY)		
Street Address (No P.O. Boxes)					
2. 331 , (dd. 333 (140 1 . O. DUXES)					
City	State	Zip	Years at Current Address		
Previous Address if Current is under 2 y	ears				
Home Phone Work Pho	one Mobile F	Phone Ema	il		
ID Type: Driver's License	☐ State Issued ID	□ US Passport	☐ US Military ID		
ID Type: Driver's License ID Number	☐ State Issued ID State of Issue/Military Branch	US Passport Issue Date	US Military ID Expiration Date		
		<u> </u>	Expiration Date		
ID Number	State of Issue/Military Branch	Issue Date	Expiration Date		
ID Number Employer	State of Issue/Military Branch	Issue Date Occupation	Expiration Date		
ID Number Employer Accounts and/or Services Requested	State of Issue/Military Branch Date of Hire	Issue Date Occupation	Expiration Date		
ID Number Employer Accounts and/or Services Requested Savings Accounts Savings (Required)	State of Issue/Military Branch Date of Hire Checking Accounts	Issue Date Occupation Money Man	Expiration Date on rket Accounts y Market Account		
Employer Accounts and/or Services Requested Savings Accounts Savings (Required) Additional Savings Cards	State of Issue/Military Branch Date of Hire Checking Accounts Free Checking Check Card De	Issue Date Occupation Money Mai Money Mone	Expiration Date on rket Accounts y Market Account nity Logo Airplane		
Employer Accounts and/or Services Requested Savings Accounts Savings (Required) Additional Savings Cards ATM/Visa Check Card ATM/Visa Check Card If Savings only is sel	State of Issue/Military Branch Date of Hire Checking Accounts Free Checking Check Card De	Issue Date Occupation Money Mai Money Mone	Expiration Date on rket Accounts y Market Account nity Logo Airplane		
Employer Accounts and/or Services Requested Savings Accounts Savings (Required) Additional Savings Cards ATM/Visa Check Card ATM/Visa Check Card ATM/Visa Check Card If Savings only is selissued. MMA ATM Card	State of Issue/Military Branch Date of Hire Checking Accounts Free Checking Check Card De	Issue Date Occupation Money Man Money Mon	Expiration Date on rket Accounts y Market Account nity Logo		
Employer Accounts and/or Services Requested Savings Accounts Savings (Required) Additional Savings Cards ATM/Visa Check Card ATM/Visa Check Card If Savings only is selissued. MMA ATM Card Checks** Checking Account Specialty Min	State of Issue/Military Branch Date of Hire Checking Accounts Free Checking Check Card De	Issue Date Occupation Money Man Money Mon	Expiration Date on rket Accounts y Market Account nity Logo		
Employer Accounts and/or Services Requested Savings Accounts Savings (Required) Additional Savings Cards ATM/Visa Check Card ATM/Visa Check Card ATM/Visa Check Card If Savings only is selissued. MMA ATM Card Checks** Checking Account Specialty Min Money Market Account Mone **Applicable check order charge will be	State of Issue/Military Branch Date of Hire Checking Accounts Free Checking Check Card Delected, an ATM card will be issued. In the Safety Blue Antipey Market Checks deducted from your Checking Accounts	Issue Date Occupation Money Man Money Mo	Expiration Date Trivet Accounts The Market Account Thirty Logo		
Employer Accounts and/or Services Requested Savings Accounts Savings (Required) Additional Savings Cards ATM/Visa Check Card ATM/Visa Check Card If Savings only is selissued. MMA ATM Card Checks** Checking Account Specialty Min Money Market Account Money	State of Issue/Military Branch Date of Hire Checking Accounts Free Checking Check Card Delected, an ATM card will be issued. In the Safety Blue Antipey Market Checks deducted from your Checking Accounts	Issue Date Occupation Money Man Money Mo	Expiration Date Trivet Accounts The Market Account Thirty Logo		

Joint Owner Information				
Joint Name (First, MI, Last)	Social Security Nu	mber D	ate 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 Pass	oort	☐ US Military ID	
ID Number State of Issue/Milita	ry Branch Issue Da	te	Expiration Date	
Employer Date of Hire		Occupation		
Accounts: Savings Additional Savings Free Check	:king	☐ Money Market Account		
Cards: ATM/Visa Check Card Design: Delta Con	nmunity Airplane	☐ MMA ATM	I	
Payable on Death Beneficiary Information – cannot be the s	ame person as the Joint	Owner		
POD 1 Name (First, MI, Last) Accounts: ☐ Savings ☐ Additional Savings ☐ Free Chec		ocial Security Nu		
POD 2 Name (First, MI, Last) Accounts: ☐ Savings ☐ Additional Savings ☐ Free Chec		ocial Security Nu		
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. *Membership Referral Promotion Terms and Conditions \$5.00 of the total cash earned by new member will be used as their required \$5 share in Delta Community CU. Checking account with check card is a requirement for this promotion. Total money will be credited 8-12 weeks from referred member's account opening date. Bonus earned through this				
promotion is subject to IRS reporting. Existing member and referred r at Delta Community CU.				
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	2	
Signature of Joint Owner		Date		
Signature of Joint Owner		Date	=	

Date