



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: Member Service, P.O. Box 20541, Atlanta, GA 30320-2541, or fax to 404-677-4802.

Promotion Code: PROMO . MATCH

Member Information			
Name			
First	Middle	Last	
Account Number	Social Security Number		
☐ Check Card	Check Card Design:	e Delta Community Logo	
☐ Checks Design: ☐ Specialty Mint ☐ P	ride of Membership (Delta Community logo)	Custom Stock (Delta 777) Starti	ng Check #
Applicable check order charge will be deducted from with name, address, telephone # and Joint Owner(s	m your Checking Account. Checks will be mailed withis) name unless changes are indicated.	n two weeks of Account Opening. Ord	der will be one box printe
Alternate Mailing Address for Checks:			
Joint Owner Information			
Name			
First	Middle	Last	
DOB	Social Security Number		
Driver's License or State Issued ID	Telephone #		
Address	City	State	ZIP
☐ Check Card	Check Card Design: Airplane	e Delta Community Logo	
Name			
First	Middle	Last	
DOB	Social Security Number		
Driver's License or State Issued ID	Telephone #		
Address	City	State	ZIP
☐ Check Card	Check Card Design: Airplane	e 🔲 Delta Community Logo	
Beneficiary Information (Joint Owner	and Beneficiary cannot be the same pe	erson).	
Name			
First	Middle	Last	
Social Security Number			
Namo			
NameFirst	Middle	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 and/or credit and for any update, renewal or extension of the credit received. 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 loan 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 and Disclosure Supplement, Funds Availability Policy, Electronic Fund Transfers Disclosure, Privacy and "Opt Out" Notification.
- 3. Residents of Wisconsin, Ohio and New York applying for credit cards are required to be informed of the following:
- *Wisconsin Residents: If you are a party to any marital agreement, unilateral statement or court decree under Wisconsin's Marital Property Act, the terms of that agreement will not affect our rights with respect to your credit card account, unless your provide us now with a copy of the agreement or give us now complete information about the agreement.
- *Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.
- *New York Residents: The Credit Union may at any time in the future obtain consumer credit reports to review the account. Upon request, the Credit Union must supply the name and address of the consumer reporting agency which gave the consumer report.

Signatures required for all owners on the account.

For Credit Union Use Only

Primary Security Verification			
	Initials and User ID	Date	
Joint Owner Security Verification			
,	Initials and User ID	Date	





