

Membership Application



Form Instructions:

1 — Complete all applicable areas on the form and sign and date in the signature area. Include a copy of a non-expired government or state-issued ID with your completed application.

2 — Print and mail the completed form to:

Delta Community Credit Union
ATTN: Deposit Services
PO Box 20541
Atlanta, 30320-2541
or Fax 404-677-4268

Update Services for Account No. _____

Membership Eligibility

Live in metro Atlanta Work in 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

Street Address City State Zip

Previous Address if Current is under 2 years

Foreign Address (Street, City, Country, Country Code) **United States citizens living outside 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 Account**Savings
(Required)Additional
Savings**Checking Account**Free
CheckingInterest
CheckingSpendSafe
Checking™**Money Market Account**Money Market
Account**Cards**

*ATM/Visa® Debit Card

MMA ATM

Card Design

Community Card

Airplane

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

Joint Owner Information

Joint 1 Name (First, MI, Last)

Social Security Number

Date of Birth

Street Address

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
SavingsFree
CheckingInterest
CheckingSpendSafe
Checking™Money Market
Account**Cards**

*ATM/Visa® Debit Card

MMA ATM

Card Design

Community Card

Airplane

Joint 2 Name (First, MI, Last)

Social Security Number

Date of Birth

Street Address

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	Interest Checking	SpendSafe Checking™	Money Market Account
-----------------	---------	--------------------	---------------	-------------------	---------------------	----------------------

Cards	*ATM/Visa® Debit Card	MMA ATM	Card Design	Community Card	Airplane
--------------	-----------------------	---------	--------------------	----------------	----------

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

POD 1 Name (First, MI, Last)			Social Security Number		Date of Birth	
------------------------------	--	--	------------------------	--	---------------	--

Accounts:	Savings	Additional Savings	Free Checking	Interest Checking	SpendSafe Checking™	Money Market Account
-----------	---------	--------------------	---------------	-------------------	---------------------	----------------------

POD 2 Name (First, MI, Last)			Social Security Number		Date of Birth	
------------------------------	--	--	------------------------	--	---------------	--

Accounts:	Savings	Additional Savings	Free Checking	Interest Checking	SpendSafe 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 1 _____ Date _____

Signature of Joint Owner 2 _____ Date _____