

# 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 404-677-4802

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)

#### Checking Account

Additional Savings

Free Checking

#### Money Market Account

Money Market Account

12.20 page 1/3



**NCUA**  
This credit union is federally  
insured by the National Credit  
Union Administration.

P.O. Box 20541, Atlanta GA 30320

Telephone: (404) 715-4725 Toll-Free: (800) 544-3328 Web: DeltaCommunityCU.com

**Cards**

\*ATM/Visa® Debit Card      MMA ATM Card      Debit Card Design      Delta Community Logo      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.

**Checks\*\***

Checking Account      Speciality Mint      Safety Blue      Antique      Pride 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) i

Alternate Mailing Address for Checks \_\_\_\_\_  
(Street, City, State, Zip)

**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 (Required)      Additional Savings      Free Checking      Money Market Account

**Cards**

\*ATM/Visa® Debit Card      **Card Design**      Delta Community Logo      Airplane      MMA ATM

\_\_\_\_\_  
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	
<b>Accounts</b>	Savings (Required)	Additional Savings	Free Checking	Money Market Account
<b>Cards</b>	*ATM/Visa® Debit Card	<b>Card Design</b>	Delta Community Logo	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		Date of Birth	
Accounts:	Savings (Required)	Additional Savings	Free Checking	Money Market Account
POD 2 Name (First, MI, Last)	Social Security Number		Date of Birth	
Accounts:	Savings (Required)	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.
3. Delta Community Youth Accounts are joint accounts subject to the Membership/ Savings Services Disclosures and Agreements, including the sections on Multiple Party Accounts and Accounts of Minors. As such, the minor has full rights to transact on the account. Acceptable identification of an account owner (such as an unexpired driver's license, passport, or school identification card with photo) may be required for all transactions.

**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 _____