

# Youth Savings Account Application

Savings Application for Ages 12 and Under



## 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 — Return the completed form to any Delta Community branch, fax to 404-677-4802 or print and mail to:  
Delta Community Credit Union,  
ATTN: Personal Deposit Services,  
P.O. Box 20541 Atlanta, GA 30320-2541

## Youth Member Information

Name (First, Mi, Last) Social Security Number Date of Birth (MM/DD/YYYY)

Street Address (No P.O Boxes)

City State Zip Home Phone

Eligible for membership through: Relative County Organization

Name of Relative, County of Residence or Organization Family Relationship to Member

## Joint Information adult joint owner required for all minor accounts

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 Cell Phone

Email

ID Type: Drivers License State Issued ID US Passport US Military ID

ID number: State of issue/military branch Issue date Expiration date Employer Occupation

Joint 2 Name (First, Mi, Last) Social Security Number Date of Birth (MM/DD/YYYY)

Street Address (No P.O Boxes) City State Zip



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Home Phone

Work Phone

Cell Phone

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Email

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ID Type:

Drivers License

State Issued ID

US Passport

US Military ID

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ID number:

State of issue/military branch

Issue date

Expiration date

Employer

Occupation

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### Terms and Conditions

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. You hereby make application for membership in the Delta Community Credit Union on behalf of the Youth Member. 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.

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Signature of Joint Owner 1 (required)

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Date

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Signature of Joint Owner 2 (required)

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Date

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Signature of Parent/Legal Guardian (required if not Joint Owner)

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Date

