



## Membership Application

CU Use Only		
Date _____	ChexSystems Verified _____	
Member # _____	Checks Ordered _____	
ID# _____		
AIME _____	HFS _____	Initials _____

Type of accounts (check all that apply)	Purpose of application	Eligibility for membership
<input type="checkbox"/> Savings (Required for membership) <input type="checkbox"/> Checking with FREE ATM/Debit Card <input type="checkbox"/> Online Account Access <input type="checkbox"/> Electronic Statement Delivery <input type="checkbox"/> myPiggy <input type="checkbox"/> myFortune <input type="checkbox"/> Enhanced Shares <input type="checkbox"/> Certificate (Suffix _____)	<input type="checkbox"/> New Member <input type="checkbox"/> Name Change <input type="checkbox"/> Add Joint Owner <input type="checkbox"/> Delete Joint Owner * <input type="checkbox"/> Beneficiary Change * Please attach written authorization	<input type="checkbox"/> ISU Member <input type="checkbox"/> ISU Student <input type="checkbox"/> ISU Alumni <input type="checkbox"/> Community Charter <input type="checkbox"/> ISU Redbird Club / Foundation Sponsor <input type="checkbox"/> Family Member _____

**Form of Ownership:**  Individual  Joint (with Right of Survivorship)

I acknowledge that all subsequent accounts under this membership number will have the same ownership

### Primary Member Information

Member Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Last First MI mm/dd/yyyy

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Complete alternate address information section if you are a student or have listed a PO Box as your mailing address**

Social Security # \_\_\_\_\_ State ID # \_\_\_\_\_ Phone Password \_\_\_\_\_

Home Phone # \_\_\_\_\_ Email \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Alternate Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Joint Owner Information

Member Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Last First MI mm/dd/yyyy

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 No PO Boxes

Social Security # \_\_\_\_\_ State ID # \_\_\_\_\_ Phone Password \_\_\_\_\_

Home Phone # \_\_\_\_\_ Email \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

### Beneficiary Information

Full Legal Name \_\_\_\_\_ SSN /Relationship \_\_\_\_\_ Address \_\_\_\_\_

### Member Proxy Statement

I do hereby constitute and appoint the members of the Board of Directors of this credit union, who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which I am entitled, for the election of directors, mergers, and any matter with regard to which credit union shareholders are entitled to vote by proxy, as the said directors or a majority of them see fit, at all annual or special meetings of the members of ISU Credit Union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by me. I further authorize the said proxies to designate a person or committee to cast the vote or votes in such manner and for such candidates as the said proxy shall determine, and as permitted by law. I understand my attendance at any meeting, regular or special, is a one time cancellation of this proxy.

### Signature Disclosure Section

This is a contract between you and ISU Credit Union for the account(s) listed. It is subject to state and federal laws and the Uniform Commercial Code, as adopted in Illinois. By signing below, the undersigned apply for membership in this Credit Union; agree to its by-laws and the terms and conditions of any approved account found in our account information brochure, as amended from time to time; and authorize the Credit Union to verify credit history by any necessary means, including preparation of a third party consumer report. The undersigned certify that information provided on this application is true and correct and that the terms on the Application apply to all accounts held by the undersigned at this credit union.

**Electronic Statement Delivery**

I hereby authorize ISU Credit Union to deliver all monthly or quarterly account statements to me by electronic means. I understand that ISU Credit Union will notify me by email when statements are available for viewing over a secure web site. I also understand that I will no longer receive paper statements via postal delivery unless I request, in writing, to discontinue electronic statements.

I agree to receive account notification changes and policy changes via electronic newsletters associated with E-Statements. I understand that I am responsible to alert the Credit Union of any change of my e-mail address.

\_\_\_\_Check here if you would like your statements mailed

\_\_\_\_CHECK HERE if you are subject to backup withholding under the provisions of Section 4306(a)(1)(c) of the Internal Revenue Code.

Certification: Under the penalties of perjury, I certify that the Taxpayer Identification Number and Backup Withholding Information in this form is true, correct, and complete and I am a U.S. person (including a U.S. Resident Alien). " The Internal Revenue Service does not require your consent to any provision of certifications required to avoid backup withholding."

Primary Member Signature X\_\_\_\_\_

Joint Owner Signature X\_\_\_\_\_

**Secondary Joint Owner Information (Required)**

Member Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First MI mm/dd/yyyy

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
No PO Boxes

Social Security # \_\_\_\_\_ State ID # \_\_\_\_\_ Phone Password \_\_\_\_\_

Home Phone # \_\_\_\_\_ Email \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

2nd Joint Owner Signature X\_\_\_\_\_