

MEMBERSHIP APPLICATION

PRIMARY MEMBER INFORMATION

Member Name _____ Member # _____

Street Address _____ City / State / Zip _____

Primary Phone _____ Work Phone / Ext. _____

Email Address _____

Driver's License # _____

BENEFICIARY DESIGNATION:

Printed Name	Date of Birth	S/S Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERSHIP ELIGIBILITY:

Gov't Employee (Agency)	Retired Gov't Employee (CSA #)	Family Member of (Member's Name)
_____	_____	_____

SIGNATURES:

Primary Member Signature _____	Social Security Number _____	Birth Date _____
Printed Name _____		
Joint Member Signature _____	Social Security Number _____	Birth Date _____
Printed Name _____		
Joint Member Signature _____	Social Security Number _____	Birth Date _____
Printed Name _____		

I/We hereby: (1) agree to the terms and conditions of the separate account disclosure(s) and fee schedule, as amended from time to time, and acknowledge its receipt, (2) authorize USECU to obtain copies of my/our credit report, now and in the future, in order to determine eligibility for products and services offered by or through USECU, (3) apply for membership and agree to subscribe to at least one share and to follow the bylaws of USECU, (4) certify that I am a U.S. person (including a U.S. resident alien).

Certification: Under penalties of perjury, I certify (1) that the number on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

(You must cross out item (2) above if the IRS has notified you that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.)

Primary Account Holder Signature _____	Date _____
Joint Account Holder Signature _____	Date _____

We're Here for You
USECU 312.922.5310
myusecu.org

REGULAR SHARE ACCOUNT AGREEMENT

Date _____

Member Name _____ Member # _____

USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license, state issued identification, or other identifying documents.



Federally insured
by NCUA