

CU CREW - APPLICATION FOR MEMBERSHIP - CU IN SCHOOL PROGRAM

STFCU

CU CREW YOUTH SAVINGS MEMBERSHIP APPLICATION

Welcome to **St Tammany Federal Credit Union**. This application establishes membership. The **CU Crew** youth savings account is for members under 23 years of age; This application is designed for **St Tammany Parish Public School** students that are currently attending a school that is enrolled in our **CU in School** program, and wish to open a **CU Crew** savings account in order to participate on **CU Deposit Days**. Please complete, sign, and return this form to **St Tammany Federal Credit Union** at any of our convenient locations, along with all required documents (listed near the bottom of application).

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: Federal law requires all financial institutions to help the government fight the funding of terrorism and money laundering activities by obtaining, verifying, and recording information that identifies each person who opens an account. What this means to you: When you open an account, we ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

PRIMARY MEMBER

(STUDENT)

FIRST NAME: _____ LAST NAME: _____

PHONE NUMBER: _____ DOB: _____ SSN: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

CURRENT SCHOOL: _____ **SCHOOL YEAR:** 20 /20 _____

JOINT ACCOUNT HOLDER

(PARENT/GUARDIAN OF STUDENT)

FIRST NAME: _____ LAST NAME: _____

PHONE NUMBER: _____ DOB: _____ SSN: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

PHYSICAL ADDRESS: _____

CITY / STATE / ZIP: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____ OCCUPATION/JOB TITLE: _____

ACCOUNTS AND SERVICES

SELECT THE ACCOUNT TYPE(S) YOU WISH TO OPEN:

ADDITIONAL SERVICES:

CU CREW SHARE/SAVINGS (REQUIRED)

ONLINE BANKING

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PRIMARY SIGNATURE (youth/student)

DATE

JOINT SIGNATURE (parent/guardian)

DATE

\$5.00 INITIAL DEPOSIT IS REQUIRED WITHIN 30 DAYS TO COMPLETE THE ACCOUNT OPENING PROCESS.

Required Identification as Follows Must Be Attached/Included with Application:

Primary (youth/student): Birth Certificate Social Security Card

Joint (parent/guardian): Driver's License OR State ID OR Passport Birth Certificate OR Social Security Card