



Membership Application

Acct. Type _____ Acct.# _____ Amount _____
 Social Security No. _____
 Name (Print) _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Address Since _____ D.O.B _____
 Home Phone () _____
 Work Phone () _____
 Cell Phone () _____
 Employer _____
 Occupation _____
 E-mail Address _____
 Are you a homeowner? Yes No
 D/L or State I.D.# _____ Exp _____
 Mother's Maiden Name _____

Annual Household Income _____ Less than \$25,000
 _____ \$25,000 - \$50,000
 _____ Above \$50,000

First account with a Financial Institution? Yes No

Membership Eligibility _____

Unclaimed Property

The holder of this account must inform South Side Community Federal Credit Union of any change in their address(es). All Regular Saving, Shares, and accumulated earnings (dividends) will escheat to the State Comptroller, if, after three years there has been no account activity. I certify under penalties of perjury that the Taxpayer's ID/Social Security Number given to the Credit Union to this application is correct, and I have never received notice from the Internal Revenue Service of under-reporting dividends or interest. I hereby make application for membership in and agree to conform to the By-laws or any amendments thereof the South Side Community Federal Credit Union. I understand that this account is not transferable, except on the books of the Credit Union. I fully understand that if I close any membership within one year of its original opening date, an early closure fee of \$10.00 will be deducted from my final withdrawal. At the opening of this account, a Truth-in-Savings disclosure was given/sent to me.

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Primary Member Signature

Date

BENEFICIARY NAME (S)

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Please print

**JOINT TENENCY ACCOUT AGREEMENT
WITH THE TIGHT OF SURVIVORSHIP**

The South Side Community Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each shares heretofore or hereafter paid in on shares by any of all of said owners to their credit as such joint owners with all accumulation thereon are and shall be subject to them jointly with right of survivorship and shall be subject to the withdrawal or receipt of any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Said joint owners do further agree that any amounts added by reason of any Life Insurance shall be paid to the surviving tenant or tenants who are hereby designated as beneficiary or beneficiaries of such insurance.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right of authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them, except by written notice to said Credit Union which shall not affect transaction theretofore made. Shares are not transferrable except by the Credit Union. Initials: _____ / _____

TO BE COMPLETED BY JOINT OWNER

Name _____
 Social Security No. _____
 Street Address _____
 City _____ State _____ Zip Code _____
 D.O.B _____ E-Mail _____
 Home Phone () _____
 Work Phone () _____
 Cell Phone () _____
 Employer _____
 Occupation _____
 E-mail Address _____
 D/L or State I.D.# _____ Exp _____

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Signature

Date

For Credit Union Use Only

OFAC: Primary _____ Joint _____ ChexSystem _____ Tlr. Initials _____