

Member Services Application Switch Kit



Please Complete, sign and return this application to North Star Community Credit Union. Include a check for your opening deposit (minimum \$5.00) made payable to North Star Community Credit Union. Completed applications can be returned to any NSCCU office or mailed to: PO Box 10, Maddock, ND, 58348.

PLEASE SELECT THE PRODUCTS/SERVICES THAT YOU ARE APPLYING FOR

- | | | | | |
|--|---|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Debit Card | <input type="checkbox"/> Anytime Online | <input type="checkbox"/> Checking | <input type="checkbox"/> Money Market |
| <input type="checkbox"/> Bill-Pay Online | <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> Overdraft Protection | <input type="checkbox"/> e-Statements | <input type="checkbox"/> VISA |

PRIMARY ACCOUNT HOLDER INFORMATION

NAME (First, Middle Initial, Last) _____ DATE OF BIRTH ____/____/____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

YEARS THERE _____ SOCIAL SECURITY # _____ HOME # (____) _____ CELL # (____) _____

PRESENT EMPLOYER _____ YEARS THERE _____ WORK # (____) _____

WORK ADDRESS _____ CITY _____ STATE _____ ZIP _____

MOTHER'S MAIDEN NAME _____ EMAIL _____

DRIVERS LICENSE # _____ STATE ISSUE _____ DATE ISSUED ____/____/____ EXP DATE ____/____/____

JOINT ACCOUNT HOLDER INFORMATION

NAME (First, Middle Initial, Last) _____ DATE OF BIRTH ____/____/____

SOCIAL SECURITY # _____ CELL # (____) _____ EMAIL _____

DRIVERS LICENSE # _____ STATE ISSUE _____ DATE ISSUED ____/____/____ EXP DATE ____/____/____

If different than Primary HOME # (____) _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

North Star Community Credit Union will only allow others to offer products and services to you when we believe these products and services to be of value. We partner only with businesses that share high standards for protecting the information we have about you and that follow strict confidentiality requirements SHARE my Information DO NOT Share my Information

I hereby make application for additional services with North Star Community Credit Union (NSCCU) and agree to conform to the bylaws or any amendments thereof in North Star Community Credit Union. I understand that by my signature on this application, I and any joint owners, acknowledge that I have received all applicable disclosures and that I agree to all of the terms and conditions as set forth. I authorize you to verify my financial information, data and employment history by any means necessary, including obtaining a consumer report by any consumer-reporting agency. If you request NSCCU will tell you the name and address of any credit agency from which it received a report on you. You understand that it is a Federal Crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to Federal Credit Unions insured by the NCUA.

PRIMARY SIGNATURE _____ DATE ____/____/____

JOINT SIGNATURE _____ DATE ____/____/____

TAXPAYER IDENTIFICATION & BACKUP WITHHOLDING

This section is to be completed by the Account Owner. Please check only one of the following and sign below.

CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER:

(Check here if you are not subject to backup withholding from the federal government.)

On personal accounts, your social security number is your Taxpayer Identification Number. Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number and that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding. I also certify that I am a US person (including a US resident alien.)

CERTIFICATION OF WAITING TAXPAYER IDENTIFICATION NUMBER

(Check here if you are not subject to backup withholding from the federal government.)

Under penalties of perjury, I certify (1) that a Taxpayer Identification Number has not been issued to me, and that I mailed or delivered an application to receive a Taxpayer Identification Number to the appropriate Internal Revenue Service Center of Social Security Administration Office (or I intend to mail or deliver an application in the near future) , and (2) that I am not subject to backup withholding as a result of failure to report all interest or dividends , or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding. I understand that if I do not provide a Taxpayer Identification Number to the credit union within 60 days, the credit union is required to withhold 28 percent of all reportable payments thereafter made to me until I provide a number.

NOTICE: IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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

★ WHAT THIS MEANS TO YOU: When you open an account, we will ask you for: your full legal name, street address, date of birth, social security number or other information that will allow us to identify you. We may ask to see your drivers license or other identifying documents.

REQUIRED

PRIMARY SIGNATURE _____ DATE ____/____/____

OFFICE USE ONLY

MEMBER # _____

RECORDS FOUND YES NO

OTHER FORMS OF ID _____ EXP DATE ____/____/____

TYPE _____ NUMBER _____

STATE &/or COUNTRY ISSUED _____ ISSUE DATE ____/____/____

By signing below, I certify that I have verified the identification of the individual(s) applying for membership as is mandated by and in full compliance with the Patriot Act.

EMPLOYEE SIGNATURE _____ DATE ____/____/____

