

Member # _____

MEMBERSHIP APPLICATION AND AGREEMENT

USA PATRIOT ACT 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 to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open a new account, we will 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.

ACCOUNT/SERVICE AUTHORIZATION

Please check the additional services you would like to be enrolled in with Genisys Credit Union and sign below.

☐ Checking ☐ You Name It Savings ☐ Holiday Saving ☐ Money Market ☐ Certificate ☐ e-Receipts
☐ e-Communications (e-Statements, e-Notices, & Disclosures) ☐ Remote Deposit ☐ Online Banking ☐ Debit MasterCard

ACCOUNT OWNERSHIP INFORMATION

Name		Date of Birth		SS#/T.I.N.	
Street Address		Email Address			
City	State	Zip	Home Phone	Cell Phone	
Employer		Occupation		Work Phone	
Driver's License/State ID	State	Expiration	U.S. Citizen? __Yes __No	Country of Citizenship (if not U.S.)	Existing member #/eFunds

By signing below, I certify, under the penalties of perjury, that:

The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and

- ☐ I am a U.S. person (including a U.S. resident alien)
☐ I am not a U.S. Person, including non-resident alien or foreign national (Complete IRS W-8 Form)

Back Up Withholding:

- ☐ I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
☐ I am subject to backup withholding.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by the owners, or any of them except by written notice to the Credit Union, which written notice shall not affect transactions previously made. Shares are not transferable except on the books of the Credit Union

Member Signature: _____

Date: _____

Joint Owner Signature: _____

Date: _____

CREDIT UNION USE ONLY

- ☐ New membership/Account
- ☐ Add Account
- ☐ Add Name
- ☐ Add/Change Beneficiary

Account opened by:

Account approved by membership officer:

Signature Date:

Signature Date:

Member # _____

ADDITIONAL OWNER INFORMATION

Joint ownership as stated below shall apply to sub accounts using this member number that are opened now or in the future unless specifically governed by a separate agreement. Joint owners on You Name it Savings, Certificates, Holiday Savings and High Yield Money Market Accounts will be the same as joint owners on savings accounts unless otherwise specified in writing. The addition of a joint account owner requires the consent of all account owners. By signing this Application, the undersigned agree to hold the Credit Union harmless for actions regarding account access. We, the undersigned, do mutually agree that all shares in Genisys Credit Union issued in our joint names, "with sole rights of survivorship", together with all deposits in a like manner made and carried therein, shall be accepted and held by us as Joint Tenants, "with sole rights of survivorship" therein, and that the death of the Member may terminate the account with the Credit Union.

Joint Owner 1			Date of Birth		SS#/T.I.N.	
Street Address			Email Address		Relationship	
City		State	Zip	Home Phone		Cell Phone
Employer			Occupation		Work Phone	
Driver's License/State ID	State	Expiration	U.S. Citizen? __Yes __No		Country of Citizenship (if not U.S.)	Existing member #/eFunds

Joint Owner 2			Date of Birth		SS#/T.I.N.	
Street Address			Email Address		Relationship	
City		State	Zip	Home Phone		Cell Phone
Employer			Occupation		Work Phone	
Driver's License/State ID	State	Expiration	U.S. Citizen? __Yes __No		Country of Citizenship (if not U.S.)	Existing member #/eFunds

BENEFICIARY INFORMATION

Upon the death of the owner, or the last surviving owner if there is more than one, the person(s) listed below (if any), shall be beneficiaries on the account described above in equal shares as is more fully set forth in the Membership and Account Agreement.

Beneficiary # 1 Name	Beneficiary # 2 Name	Beneficiary # 3 Name
SSN/T.I.N.	SSN/T.I.N.	SSN/T.I.N.
Date of Birth Phone	Date of Birth Phone	Date of Birth Phone

ACKNOWLEDGEMENT

By signing below, I/we acknowledge and agree that we are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures and Funds Availability Policy Disclosure, if applicable, Rate and Fee Schedules, 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 Membership and Account Agreement and Disclosures applicable to the accounts and services requested. If an access card or EFT service is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We further hereby agree to conform to the Credit Union's Bylaws as amended from time to time. I/We authorize the Credit Union to verify credit and employment history from time to time by any means, including obtaining a consumer report prepared by a consumer reporting agency in order to determine if I/we am/are eligible for the account applied for and to determine, from time to time, if I/we are eligible for any other product or service offered by the Credit Union to its members.

Print Name:

Member Signature:

Date:

Print Name:

Signature of Joint #1:

Date:

Print Name: _____ Signature of Joint #2: _____ Date: _____