

Membership Eligibility:

Your Information

Name: First	Middle Initial	Last	Suffix	Male/Female
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Home Address : Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Social Security Number/TIN	Primary Phone Number
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/>

Cell <input type="checkbox"/> Work <input type="checkbox"/> Phone Number <input type="checkbox"/>	Email Address
(<input type="text"/>) <input type="text"/>	<input type="text"/>

Driver's License or State ID Number	Place of Employment	Mother's Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Owner 2 Information

Name: First	Middle Initial	Last	Suffix	Male/Female
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Home Address : Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Social Security Number/TIN	Primary Phone Number
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/>

Driver's License or State ID Number	Place of Employment
<input type="text"/>	<input type="text"/>

Account Owner 3 Information

Name: First	Middle Initial	Last	Suffix	Male/Female
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Home Address : Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Social Security Number/TIN	Primary Phone Number
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/>

Driver's License or State ID Number	Place of Employment
<input type="text"/>	<input type="text"/>

Additional Products and Services

In addition to a membership, the above named owner's wish to apply for each service checked and give AAC permission to run a credit report (if needed to qualify). *Additional forms required for IRA and Health Savings Accounts. Additional disclosures will be provided depending on the type(s) of account(s) selected.

- | | | |
|--|---|--|
| <input checked="" type="radio"/> Membership/Shares | <input type="radio"/> Debit Card | <input type="radio"/> Credit Card |
| <input type="radio"/> Checking Account | <input type="radio"/> ATM Card | <input type="radio"/> IRA |
| <input type="radio"/> Christmas Club | <input type="radio"/> Online Bill Pay | <input type="radio"/> HSA Checking |
| <input type="radio"/> Money Market | <input type="radio"/> CD _____ Month Term | <input type="radio"/> Financial Planning |

and credit of the United States Government



MORE MONEY IN YOUR POCKET

Fill in the following information about your current auto, recreational, RV or personal loan. We will do a **FREE**, zero obligation refinance review, to see if we can lower your monthly payments.

Current Financial Institution and Phone Number		
	%	
Mileage	Interest	Number of Payments Left
\$		
Current Loan Value	Year/Make/Model or VIN	
Preferred Method of Contact		

Overdraft Protection

Opt In Consent: I hereby authorize the credit union to pay over drafts on every day ATM/Debit Card transactions up to \$540.00.

Signature	Date
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E-Services

I would like to save paper and receive my statements and notices electronically through online banking.

Yes

Preferred Email for Reminders

What We Need

Your membership cannot be opened without the following :

- Copy of Driver's License, State or Government ID for all account owner's.
- Initial deposit of at least \$5
- Social Security Number
- Signatures of all account owner's

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record the information that identifies each person who opens an account. What this means to you: when you open an account, we will ask 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 information, such as a credit report.

Account Reviewed By	Date	
Account Approved By	Date	
Membership Officer <input type="checkbox"/>	Secretary of Board <input type="checkbox"/>	Treasurer of Board <input type="checkbox"/>

Payable on Death (POD)/Trust Account

Upon the death of the last account holder, if there is more than (1) surviving beneficiary/payee, the account is owned jointly by such beneficiaries/payees without rights of survivorship. Any POD or trust beneficiary /payee designation shall not apply to the Individual Retirement Accounts (IRAs). We are not obligated to notify any beneficiary/payee of any account nor the vesting of the beneficiary/payee's interest in any account, except otherwise provided by law.

Beneficiary Name	_____		
Social Security Number	_____	DOB	_____
Beneficiary Name	_____		
Social Security Number	_____	DOB	_____
Beneficiary Name	_____		
Social Security Number	_____	DOB	_____

Multiple Name Account Agreement

The joint owner's of this account hereby agree with each other and with the credit union that all sums now paid into this account, by any or all of said joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship, and shall be subject to the withdrawal or receipt of any of them, except to the extent an initialed restriction below applies. Payment in accordance with the restrictions initialed below, in the payment of funds or the transaction of any business for this account. However, no individual may be removed as an owner of this account, except upon death, without that individual's consent. No beneficiary of this account may be changed except with the consent of all living owners.

Membership Agreement

I hereby make an application for membership in AAC Credit Union and agree to conform to its policies & procedures and to the terms of the account agreement as disclosed in the Truth and Savings Disclosure. I hereby subscribe to at least one share in AAC Credit Union. Under penalties of perjury, I certify (1) that the number shown on this form is my correct Social Security Number, and (2) that I am exempt from backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out language in (2) if the IRS notified that you are subject to backup withholding and have not received termination notification.) I am a U.S. person (including a U.S. resident alien). Your signature below is your acknowledgement of receipt of a copy of the account Terms & Conditions, Truth & Savings, Electronic Funds Transfer and Funds Availability disclosures. I/We agree to the terms & conditions of the account/service that I/We have applied for and the Multiple Name Agreement if applicable.

Account Owner (1) Signature	_____		
(Please print name if member is a minor)	_____	Date	_____
Account Owner (2) Signature	_____		
	_____	Date	_____
Account Owner (3) Signature	_____		
	_____	Date	_____

