



MEMBERSHIP APPLICATION

<input type="checkbox"/> New	<input type="checkbox"/> Existing
Reason for Change:	

PRIMARY OWNER INFORMATION			
Name		Member Number	My Generation <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Date of Birth	SSN
Home Phone	Cell Phone	Occupation	Work Phone
ID Number	Eligibility	Email Address	
JOINT OWNER INFORMATION			
Name		Date of Birth	SSN
Address		Email Address	
Home Phone	Cell Phone	Work Phone	ID Number
Occupation			
JOINT OWNER INFORMATION			
Name		Date of Birth	SSN
Address		Email Address	
Home Phone	Cell Phone	Work Phone	ID Number
Occupation			

I hereby make application for membership to conform to the bylaws or any amendments thereof in Glass City Federal Credit Union.

TYPE OF ACCOUNT		
Please initial next to the accounts you would like to open. If you would like the Joint Owner on this application to be joint on the account type indicated, please have Joint Owner initial where applicable.		
Savings Account with Check Card (Required)	Primary Owner	Joint Owner
Regular Checking Account	Primary Owner	Joint Owner
Check Card for Regular Checking Account	Primary Owner	Joint Owner
Optimum Checking Account	Primary Owner	Joint Owner
Check Card for Optimum Checking Account	Primary Owner	Joint Owner
Money Market Savings Account	Primary Owner	Joint Owner
Money Market MAX Savings Account	Primary Owner	Joint Owner
Telephone Banking	Primary Owner	Joint Owner
Internet Banking	Primary Owner	Joint Owner

Each owner acknowledges that any or all of the account information may be required to be pledged as security as a condition of obtaining other services and/or accounts with Glass City FCU.		
Primary Owner	Joint Owner	Joint Owner

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

INSTRUCTIONS TO SIGNER: Cross out item 2 below if the Account Owner has been notified by the Internal Revenue Service (IRS) that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return. Complete the appropriate W-8 form if the Account Owner is not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

CERTIFICATION TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING: Under penalty of perjury, the undersigned certifies on behalf of the Account Owner that (1) that the number shown on this form is my correct taxpayer identification number (or the Account Owner is waiting for a number to be issued), and (2) the Account Owner is not subject to backup withholding because (a) it is exempt from backup withholding, or (b) it has not been notified by the IRS that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Account Owner that it is no longer subject to backup withholding, and (3) the Account Owner is a U.S. citizen or other U.S. person. (For federal tax purposes, the Account Owner is considered a U.S. person if the Account Owner is: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust as defined in Regulations section 301.7701-7). (4) The FACTA code(s) entered on this form (if any) indicating that the Account Owner is exempt from FACTA reporting is correct.

Exempt payee code (if any) _____

Exemption from FACTA reporting code (if any) _____

AUTHORIZATION

Glass City Federal Credit Union is hereby authorized to recognize any of the signatures on this form in payment of funds or the transaction of any business for this account, per the agreement and disclosure statement provided to the member at the time this account is opened.

I/We hereby authorize Glass City FCU to establish the indicated account(s) for me/us. Glass City FCU is authorized to pay all share drafts, check card purchases, ATM withdrawals, point-of-sale (POS) items, and automated clearinghouse (ACH) items signed or authorized by me (or by any of us) and to charge all such payments against the shares in the account(s). By signing below, I/we agree to all other terms in the account agreement and disclosures, as stated in the disclosure packet that I/we have been given at the time this account is opened. By signing below, I/we also authorize Glass City FCU to check my/our credit history, including verifying the information on this application. (Applies only to members age 18 and older.)

All deposits in joint accounts are joint with rights of survivorship.

The right or authority of Glass City FCU under this agreement shall not be changed or terminated by said owners except by written notice to Glass City FCU, which shall not affect transactions previously made.

X _____
Primary Owner Signature Date

X _____
Joint Owner Signature Date

X _____
Joint Owner Signature Date

MY GENERATION MEMBERS UNDER 18 YEARS OF AGE
Regarding the Responsibility of Minor Transaction Accounts

This is a statement of the characteristics of and procedures concerning the establishment of a transactional account for a minor. This form and the representations contained are provided to members of Glass City Federal Credit Union who desire to open accounts for the benefit of a minor, or for a minor's use. In the event that a Minor Transaction Account is established, the undersigned acknowledges that the account shall be binding upon any minor as if the minor were of legal age and had made the deposit, or opened the account. The undersigned further acknowledges that Glass City FCU shall incur no liability arising by or from the minor's use of this account, and hereby indemnifies and holds harmless Glass City FCU from any and all liabilities related thereto.

I/We acknowledge receipt of a copy of Glass City FCU's disclosure packet and understand that the statements contained therein are made to members of Glass City FCU so as to provide information concerning the establishment of minor transaction accounts as of the date set forth below.

MINOR: My signature below indicates that I understand that, upon reaching a legal age (18 years), all disclosures and responsibilities for this account apply to me.

X _____
Parent/Legal Guardian Signature Date

X _____
Minor Signature Date

CREDIT UNION USE ONLY

OFAC

E-Funds

Employee Name who Opened/Updated Membership: _____