Paw Paw Pride
Student Credit Union

A DIVISION OF HONOR CREDIT UNION

Start small Save big

Member application and ownership information

Member/Owner:

Member Number:

Designate the ownership of the accounts and responsibility for the services requested

☐ **Individual** ☐ **Joint Account with Survivorship** ☐ **Joint Account without Survivorship (Beneficiaries Not Allowed)**

Street	**SSN:**
City/State/Zip	**Date of Birth:**
Home Phone: ( )	**Mothers Maiden Name:**
E-mail:	**Membership Eligibility:** Student Account
School:	

Joint Account Information

Joint Owner: **SSN:**

Street: **Driver's Lic. No:**

City/State/Zip: **Date of Birth**

Home Phone: ( ) **Cell: ( )** **Work Phone: ( )**

E-mail: ☐ **Online Banking**

Joint Owner: **SSN:**

Street: **Driver's Lic. No:**

City/State/Zip: **Date of Birth**

Home Phone: ( ) **Cell: ( )** **Work Phone: ( )**

E-mail: ☐ **Online Banking**

Joint Owner: **SSN:**

Street: **Driver's Lic. No:**

City/State/Zip: **Date of Birth**

Home Phone: ( ) **Cell: ( )** **Work Phone: ( )**

E-mail: ☐ **Online Banking**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-savings Rate and Fee schedule. Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the electronic Funds Transfer Agreement. ***The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

X _____ Signature _____ Date

X _____ Signature _____ Date

X _____ Signature _____ Date

X _____ Signature _____ Date