

ACCENTRA CREDIT UNION MEMBERSHIP INFORMATION SHEET

400 4TH AVE NE AUSTIN MN 55912 507-433-1829 OR 1-800-533-0448 1619 BLAKE AVE ALBERT LEA 56007 507-373-6500

Please Print

PRIMARY MEMBER INFORMATION

Name (Last, First, Middle)			Date
Birth Date / /	Home Telephone No:	Drivers License # & Exp. Date & State	Social Security No. (SSN)
Present Address:		City:	State: Zipcode:
Employer:		Employer Phone Number:	
Name of person who qualifies my Membership & his/her employer:		Relationship to qualifying member:	

II. JOINT APPLICANT

Name (Last, First, Middle)			Relationship to Member:
Birth Date / /	Home Telephone No:	Drivers License # & Exp. Date & State	Social Security No. (SSN)
Present Address:		City:	State: Zipcode:
Employer:		Employer Phone Number:	

III 2nd JOINT APPLICANT

Name (Last, First, Middle)			Relationship to Member:
Birth Date / /	Home Telephone No:	Drivers License # & Exp. Date & State	Social Security No. (SSN)
Present Address:		City:	State: Zipcode:
Employer:		Employer Phone Number:	

IV ADDITIONAL ACCOUNT TYPES

In addition to my primary share account, I wish to open the following:

- | | |
|---|---|
| <input type="checkbox"/> Money Market Acct - (\$2500.00 opening deposit) | <input type="checkbox"/> POD (Payable on Death) Beneficiaries: Name, Address, SSN (cannot be same as joint accountholder) |
| <input type="checkbox"/> Checking Acct - (\$50.00 opening deposit) | Name _____ |
| <input type="checkbox"/> Business Checking Acct - (\$50.00 opening deposit) | Address _____ |
| <input type="checkbox"/> Christmas Club Acct - (\$20.00 opening deposit) | City _____ State _____ Zip _____ |
| | Phone () _____ Birthdate ____/____/____ |
| | Social Security _____ - _____ - _____ Sex _____ |
| | Relationship _____ |
| | (Additional POD's on the back) |

V ADDITIONAL SERVICES REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> ATM Card (Number requested [1 per person allowed]) | <input type="checkbox"/> Direct Deposit |
| <input type="checkbox"/> CALL 24 | <input type="checkbox"/> Visa Application |
| <input type="checkbox"/> Payroll Deduction | <input type="checkbox"/> Loan Application |
| <input type="checkbox"/> ShazamChek card <i>for checking accounts only.</i> (Number requested [1 per person allowed]) | |

If applying for checking account please complete information on reverse side of this form.

Checking Account Information:

Have you had a checking account at this or any other financial institution within the preceding 12 months?

No Yes where: _____

Have you had a checking account closed without your consent within the preceding 12 months?

No Yes where: _____

Have you lived in the State of Minnesota for the past five years?

Yes No where: _____

Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application?

No Yes

BENEFICIARY INFORMATION

Name _____ Social Security # _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Birthdate _____ - _____ - _____ Sex _____ Relationship _____

Name _____ Social Security # _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Birthdate _____ - _____ - _____ Sex _____ Relationship _____

Name _____ Social Security # _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Birthdate _____ - _____ - _____ Sex _____ Relationship _____

Name _____ Social Security # _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Birthdate _____ - _____ - _____ Sex _____ Relationship _____

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 an 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.