



Dear New Member;

Thank you for your interest in the Chiropractic Federal Credit Union! We have served Chiropractic professionals, their staff, and families for over the past 70 years.

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 to 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.

Any missed information can delay the process of opening your new account. To process your application for membership, please include the following:

___ A completed Membership application. Any missed information will delay the processing of opening your new account.

___ A minimum deposit of \$25.00 required for the savings portion of the account.

___ A notarized Signature Affidavit for you and any joint owners (non-applicable for pre-existing members).

___ A clear copy of your state issued Driver's License or identification card for you and any Joint owners.

___ A completed check order form and funds to cover the check printing charge if you are opening a checking account and would like for us to order you checks.

If you have any questions regarding the enclosed membership cards please feel free to call our office. When you return the membership cards, please enclose a copy of your state issued Driver's License and a minimum deposit of \$25.00 to open the savings account.

We look forward to serving you with all of your financial needs!

Sincerely,

Member Services Representative
cfcu@chirofcu.org

BUSINESS AND PERSONAL BANKING MADE EASY

Building Lifetime Relationships

24/7 Secure Mobile Access

Competitive Rates & Services

AUTO LOANS • EQUIPMENT LOANS • OFFICE REMOTE DEPOSITS

office: 248-478-4020 • fax: 248-478-7632 • www.chirofcu.org • 23617 Liberty St., Farmington, MI 48335

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Form with checkboxes for account types: Share/Savings, Share Draft/Checking, Share Certificate/Certificate, Money Market, HSA, and Other.

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: []

Member/Owner: []
Street: [] SSN/TIN: []
City/State/Zip: [] Driver's Lic. No: []
Home Phone: [] Date of Birth: []
Mothers Maiden Name: [] Password: []
Work Phone: [] Employer: []
Membership Eligibility: [] E-mail: []

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

- Under penalties of perjury, I certify that:
(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
(2) 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, and
(3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: 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 FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) [] Exemption from FATCA reporting code (if any) []

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, 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 agreements 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 Fund Transfers Agreement and Disclosure. The Internal Revenue Service 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



ACCOUNT SERVICES

Payroll Deduction/Direct Deposit: _____ ATM Card: _____
 Overdraft Protection (Indicate transfer priority.): _____ Debit Card: _____
 PC Access/Internet Banking: _____ Audio Response: _____
 Other: _____

ACCOUNT OWNERSHIP

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

Individual **Joint Account with Rights of Survivorship** **Joint Account without Rights of Survivorship (Beneficiaries not allowed.)**

Joint Owner: _____
Street: _____ SSN/TIN: _____
City/State/Zip: _____ Driver's Lic. No: _____
Home Phone: _____ Date of Birth: _____
 Listed Unlisted Password: _____
Work Phone: _____ E-mail: _____

Joint Owner: _____
Street: _____ SSN/TIN: _____
City/State/Zip: _____ Driver's Lic. No: _____
Home Phone: _____ Date of Birth: _____
 Listed Unlisted Password: _____
Work Phone: _____ E-mail: _____

Joint Owner: _____
Street: _____ SSN/TIN: _____
City/State/Zip: _____ Driver's Lic. No: _____
Home Phone: _____ Date of Birth: _____
 Listed Unlisted Password: _____
Work Phone: _____ E-mail: _____

CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "ACCOUNT TYPE" section is/are held by _____ as custodian for _____ until age _____ (may not be older than 21) under the Michigan Uniform Transfers to Minors Act.
Custodian's Address: _____
Phone: _____ Date of Birth: _____ Other: _____

DESIGNATION OF SUCCESSOR CUSTODIAN

Pursuant to the Michigan Uniform Transfers to Minors Act, I hereby designate _____ successor custodian for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.
Signature of Custodian: _____ Date: _____
Witness: _____ Date: _____

ACCOUNT DESIGNATIONS

Beneficiary Account
 All Accounts Designate Specific Accounts: _____
Beneficiary: _____ Beneficiary: _____
Street: _____ Street: _____
City/State/Zip: _____ City/State/Zip: _____
Social Security #: _____ Social Security #: _____
Date of Birth: _____ Date of Birth: _____
 Other: _____

FOR CREDIT UNION USE ONLY

See Account Change Card **See Insurance Beneficiary Card**
Date of Membership: _____ Opened /App'd by: _____ Member Verification: _____
 Credit Report Check Verify PIN Request
 Access Card Audio Response PC Access/Internet Banking

AFFIDAVIT

Purpose of this Affidavit is to verify the signature of the undersigned by way of Notary.

Printed Name

Signature

The above personally came and appeared before me, the undersigned Notary.

Dated this ____ day of _____, 20 ____

Notary Public

My Commission Expires:



New Check Order Info:

Account number: _____ Starting number: _____

Routing number: 272078828

Check Style: _____ (Traditional Blue/Gold/Green are the least expensive*)

Single Duplicate

Check here if you are going to be ordering checks from a different source: _____

Information on Check:

Name 1: _____

Name 2: _____

Address: _____

City/State/Zip: _____

Signature: _____ Date: _____

Please fill out if you want checks mailed to a different address:

Address: _____

City/State/Zip: _____

Upon request, eight starter checks are available at no additional charge (one-time only)

***To view different style checks that Main Street offers, please visit:**

<https://mainstreetinc.com/checkprogram>



Debit MasterCard® / ATM Card Request Form

Debit MasterCard®

ATM Card

Simply complete this form (please print) and mail to Chiropractic Federal Credit Union, 23617 Liberty, Farmington, MI 48335.

Your Account Number _____

Primary Member's Name (card one) _____	
Driver's License # / State Issued From _____	
Social Security # _____	Mother's Maiden Name _____

Joint Member's Name (card two) _____	
Driver's License # / State Issued From _____	
Social Security # _____	Mother's Maiden Name _____

Address _____

City/State/Zip _____

Work Telephone Number _____

Home Telephone Number _____

I/We already have an existing Overdraft Line-of-Credit with Chiropractic Federal Credit Union, and I/we hereby request that if transactions made with my/our debit MasterCard overdraw my/our Chiropractic Federal Credit Union Checking Account, that transfers be made from that Overdraft Line-of-Credit up to my/our available limit to cover any overdrawn amounts. *If you do not already have an existing Overdraft Line-of-Credit with Chiropractic Federal Credit Union, you can come in to the Chiropractic Federal Credit Union office and speak with a Loan Officer or request an application.*

By signing below, I/we hereby make application for a Chiropractic Federal Credit Union debit MasterCard. I/We agree to be bound to all the terms and conditions governing the use of that card as outlined in the Chiropractic Federal Credit Union DISCLOSURE FOR ELECTRONIC FUND TRANSACTIONS. I/We understand and agree that the disclosure will be provided to me by Chiropractic Federal Credit Union if my request is approved. I/We understand and agree that the credit union's decision to grant this request will be based on information provided on this application, along with past history and information obtained from a Consumer Reporting Agency. I/We hereby authorize Chiropractic Federal Credit Union to obtain my consumer report for this purpose.

Primary Member's Signature _____

Joint Member's Signature* _____

*Both signatures required on joint accounts

Daily Limit Requested _____ Daily Limit Approved _____

FOR CREDIT UNION USE ONLY		
Date Approved _____	Date Denied _____	Staff Initials _____

Date Approved _____	Number of cards ordered _____	Staff Initials _____
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