

## Belco Community Credit Union Membership Application

Account # \_\_\_\_\_

**Eligibility:** Live, work, worship, volunteer or attend school in the counties of Adams, Cumberland, Dauphin, Lancaster, Lebanon, Perry and York, Pa. as well as businesses and other legal entities and members of immediate family or households and organizations and/or associations of such persons are eligible for membership.

Primary Member / First	MI	Last	SSN	Date of Birth
Street Address*		City	State/Zip	County
Home Phone	Work Phone	Cell Phone	Drivers License # / State / Expiration Date	
Email Address _____		Eligibility for Membership _____		
Employer Name _____		How did you learn about Belco? _____		
Joint Owner # 1 / Last	First	MI	SSN	Date of Birth
Street Address*		City	State/Zip	County
Home Phone	Work Phone	Drivers License # / State / Expiration Date		
Eligibility for Membership				
Joint Owner #2 / Last	First	MI	SSN	Date of Birth
Street Address*		City	State/Zip	County
Home Phone	Work Phone	Drivers License # / State / Expiration Date		
Eligibility for Membership				

**\*You must use a physical street address. If using a Post Office Box please provide your physical street address on this form.**

<p><input type="checkbox"/> <b>Check here to receive our Checking Account Service</b> Complete information as you would like it to appear on your checks</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Overdraft Protection (check one)</b></p> <p><input type="checkbox"/> Regular Savings Only (only 3 OD permitted/month)</p> <p><input type="checkbox"/> Line of Credit Only* (unlimited OD permitted/month)</p> <p><input type="checkbox"/> Regular Savings first (3 OD/mo), then Line of Credit* (unlimited OD)</p> <p><input type="checkbox"/> Line of Credit first (unlimited OD), then Regular Savings* (3 OD/mo)</p> <p><small>*You must have a Line of Credit to select this option OD from Line of Credit must be within the established credit line</small></p>
<p><b>Plastic Card Services. Select which card you wish to receive.</b></p> <p><input type="checkbox"/> Visa® Check Card (you must have a checking account )      <input type="checkbox"/> ATM Card</p> <p><input type="checkbox"/> Check here to receive a second card in the joint owner's name</p> <p style="text-align: center;"><b><input type="checkbox"/> Consent form signed for enrollment in ATM/ Debit Card Overdraft Protection (Req E)</b></p>	<p><b>Note:</b> Do not use 0000, Q or Z as part of your PIN. Enter Numerical PIN (personal identification number) _____</p> <p>Joint Card Holder Enter Numerical PIN _____</p>
<p><b>This section is required for all accounts – please complete:</b> This PIN is used for automated services such as Belle and Belco@net, which provides you with secured account access and information. <b>Note:</b> Do not use 0000, Q or Z as part of your PIN.</p> <p style="text-align: right;">Enter Numerical PIN (personal identification number) _____</p> <p><input type="checkbox"/> _____ <b>Check and initial here if you would like to receive E-mail statements and letters concerning your account</b></p> <p>Enter the email address you would like us to use: _____</p>	

**Note: For your protection keep your PIN confidential. We recommend that you do not use the last 4 digits of your social security number as your PIN. To protect your privacy we do not provide account information and transactions over the phone that can be accessed by Belle and Belco@net.**

Under penalties of perjury, I certify that: 1) The number shown on this form is my correct tax payer identification number, 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 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. **Instructions:** Cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding.

The undersigned hereby applies for membership in Belco Community Credit Union and if accepted I/we agree to conform to the bylaws and any amendments thereto. I/we have received a copy of the disclosures for the account(s) I/we are opening and agree to the provisions therein and understand other services may be subject to approval. I/we authorize the credit union to verify any information provided on this application, to inquire of my/our references and account relationships, to obtain consumer reports on me/us to share information concerning my/our performance under these account relationships with third parties. I/we authorize any person, association, firm or corporation to furnish on request of this credit union, information concerning my/our affairs. Each party who signs this document authorizes the credit union to accept a facsimile copy of this document and agrees that each party's signature thereon shall have legal force and effect as that party's original signature. Each signer agrees to accept any risk associated with the credit union's acceptance of a facsimile signature.

**Are you a U.S. Citizen or U.S. Resident Alien?**       Yes  No

X \_\_\_\_\_ Date

Primary Member Signature\*

**Are you a U.S. Citizen or U.S. Resident Alien?**       Yes  No

X \_\_\_\_\_ Date

Joint Owner #1 Signature\*

**Are you a U.S. Citizen or U.S. Resident Alien?**       Yes  No

X \_\_\_\_\_ Date

Joint Owner # 2 Signature\*

**\*A copy of the primary member and each joint owner's photo identification will be required upon submission of this application. If providing a driver's license or non-driver's photo identification the information on the license or photo identification must match the information on this application.**

**CU Use Only:**  PCS  CKS  Belle  @net  Vote Y/N  O/D Prot  2 Forms of ID  S4 Qualifier  PIN Cut  Misc/CBR Code  Eligibility entered  Scan ID

Referral Tracking Completed  Adverse Action (if applicable)  ID Verification/Chex System  Member Packet/Member #  Employer Address  Card  Joint Info

CBR Score: \_\_\_\_\_ Approval comments: \_\_\_\_\_

Opened By: \_\_\_\_\_ Branch: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date Opened on System: \_\_\_\_\_ **Reg E Consent Form Signed/Attached: \_\_\_\_\_ Rev 06/10**

**Identification Program as required by the USA Patriots Act  
Belco Community Credit Union**

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.

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 will ask for a copy of your driver's license and one other identifying document.

**Did you remember to?**

- \_\_\_\_\_ Complete **all** personal information on the application for each member
- \_\_\_\_\_ Select a Belle and [Belco@net](mailto:Belco@net) PIN number
- \_\_\_\_\_ Select a plastic card and PIN number (if applicable)
- \_\_\_\_\_ Answer the question as to whether or not you are a U.S. Citizen or Resident Alien (Note: If you answered **No** to this question a W8BEN form must be completed and attached to the application.)
- \_\_\_\_\_ Sign your name (Note: The primary member and all joint owners must sign the application.)
- \_\_\_\_\_ Enclose a check payable to Belco Community Credit Union for \$5.00
- \_\_\_\_\_ Provide a copy of two forms of identification
  - Valid state drivers license or State ID card or State learners permit card
  - Current work or school ID
  - Valid photo passport
  - Health Insurance card
  - Vehicle registration card
  - Vehicle insurance card
  - Current library card

Please make sure that all requested information is completed and attached. If information is left blank or proper identification is not enclosed your application will be returned to you for completion as we will be unable to process your request.

Should you have any questions about the application or what to provide for proof of identity, please contact one of our Representatives at 717-232-3526 or 1-800-642-4482.