

**Belco Community Credit Union Additional Services Application**

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

Primary Member /First	MI	Last	SSN	Date of Birth
<b>Physical Street Address (Required):</b>		<b>City:</b>	<b>State / Zip:</b>	<b>County:</b>
P.O. Box (if applicable): _____				
Home Phone	Work Phone	Cell Phone	Drivers License # / State / Expiration Date	
<b>Email Address:</b> _____				
<input type="checkbox"/> <b>Check here to apply for a Checking Account</b> <input type="checkbox"/> <b>Check here to Add or Change Overdraft Protection (check box for option below)</b> <input type="checkbox"/> Regular Savings Only (only 3 OD permitted/month) <input type="checkbox"/> Line of Credit Only * (unlimited OD permitted/month) <input type="checkbox"/> Regular Savings first (3 OD/mo), then Line of Credit * (unlimited OD) <input type="checkbox"/> Line of Credit first (unlimited OD), then Regular Savings * (3 OD/mo) *A Line of Credit is required to select these options –and - overdraft from a Line of Credit must be within the established credit line limit.				
<b>Plastic Card Services - Select which card you wish to receive.</b> <b>Note:</b> Do not use 0000, Q or Z as part of your PIN. <input type="checkbox"/> Visa® Check Card (you must have a checking account) <input type="checkbox"/> ATM Card    Enter numerical PIN (Personal Identification Number) _____ <input type="checkbox"/> Check here to receive a <i>second</i> card in a Joint Owner name - and - Enter <i>another</i> numerical PIN for the Joint Card _____ <input type="checkbox"/> <b>Check here if you want ATM/ Debit Card Overdraft Protection (Reg E) – Requires signing an 'Existing Member Opt-In Consent Form'.</b>				
<input type="checkbox"/> <b>Add or Change PIN on Automated Services:</b> Belle and Belco@net - provides secure electronic account access and information. Enter numerical PIN (Personal Identification Number) _____ <b>Note:</b> Do not use 0000, Q or Z as part of your PIN. <input type="checkbox"/> <b>Phone Pass Code</b> _____ Required if you make any phone inquiries to the credit union regarding your account. <input type="checkbox"/> <b>Check here if you do not wish to receive E-Statements.</b> <b>Note:</b> There will be a \$2.00 fee for paper statements.				

**Note: For your protection keep all PIN's 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.**

**Adding Joint Owner- Complete information - Primary Member, all existing Joint owners and any new Joint owners must sign below.**  
**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.

Joint Owner /First	MI	Last	SSN	Date of Birth
Street Address		City	State/Zip	County
Home Phone	Work Phone		Drivers License # / State / Expiration Date	
<b>Eligibility for Membership:</b>			<b>Email Address:</b>	
Joint Owner /First	MI	Last	SSN	Date of Birth
Street Address		City	State/Zip	County
Home Phone	Work Phone		Drivers License # / State / Expiration Date	
<b>Eligibility for Membership:</b>			<b>Email Address:</b>	
<input type="checkbox"/> <b>Existing Account Owner Name Change:</b> <input type="checkbox"/> Primary Member <input type="checkbox"/> Joint Owner <b>A.K.A. (Name before change):</b> _____ <input checked="" type="checkbox"/> The Primary member and any Joint owners must sign application (below) and member changing name must 'sign with new name'.				
<input type="checkbox"/> <b>Remove a Joint Owner –</b> The primary member and all existing joint owners remaining on the account must sign below. Original signatures and notarization are required – no facsimile will be accepted for changes to joint owners. Change Belle and Belco@net PIN above. State _____ ) SS: County _____ ) Before me the subscriber personally appeared _____, to me known, who being duly sworn according to law, doth depose and say: A joint savings account exists at Belco Community Credit Union with my name included as a joint owner. I now request that my name be deleted from this joint account. Joint Owner Name(s): _____ Address: _____ Signature: _____ Date: _____ Signature: _____ Date: _____ <b>If any joint loans or joint VISA are on an account, the Joint owner may not be removed from the account until the loans and/or Visa are refinanced into an individual name.</b> <b>An original Death Certificate must be provided before any deceased Joint owner may be removed from any account.</b> This section must be notarized unless signed in the presence of a Belco Community Credit Union employee: Sworn to and subscribed before me this _____ day of _____, 20____ / Witnessed in person by Belco Community CU employee: _____ Seal                      Notary Public Signature                      or                      Belco Employee Signature                      Date				

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.

I/we hereby acknowledge that I/we have received, read and agree to the terms and conditions of the Account Agreements and Disclosures. 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X _____ Primary Member Signature*                      Date	Are you a U.S. Citizen or U.S. Resident Alien? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X _____ Joint Owner Signature*                      Date
Are you a U.S. Citizen or U.S. Resident Alien? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X _____ Joint Owner Signature*                      Date	Are you a U.S. Citizen or U.S. Resident Alien? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X _____ Joint Owner Signature*                      Date

**Required Identification for each new Joint owner being added to the account must be provided with submission of this application.**

**CU Use Only:**  Joint Eligibility    ID for New Joint    ID Verification on New Joint    New Joint CBR (& Prime if New S4)    Joint Info    Phone Pass Code    Joint Vote    S4 Qualifier    O/D Prot    PCS    CKS    Belle & @net    Scan ID    PIN Cut    Adverse Action    Reg E/Opt-In Consent Form    email Address    eStatements  
 CBR Score: \_\_\_\_\_ **Approval comments:** \_\_\_\_\_

Changes to Account done By: \_\_\_\_\_ Branch: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date of changes to Account: \_\_\_\_\_ Rev: 11/2011

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

**Important information about procedures for adding additional Joint Owners:**

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 or on a account.

- When adding Joint owner(s) to your account, please provide their current name, correct Social Security number, current address, correct date of birth and other information that will allow us to identify them.
- Please provide a current and valid copy of one (1) of the following forms of *government issued photo ID* for each new *Joint owner* being added to your account:
  - State Drivers License
  - State Identification card
  - State learners permit card
  - Valid passport (photo)
  - Armed Forces Identification
  - Alien Identification Card
- When a *government issued photo ID* is not available, please provide two (2) forms of ID, for each new Joint owner being added to the account. The two (2) forms of ID must be current and valid, and contain *the current name, current address, and correct date of birth* for the *Joint owner(s) being added to your account*. The following are some suggestions for other forms of ID:
  - Health Insurance card
  - Vehicle registration card
  - Vehicle Insurance card
  - Voter Registration card
  - Work or School ID card
  - Firearm Permit
  - Birth Certificate

- **Phone Pass Code:** *Select and **answer one** (1) of the following questions:*
  1. What is the name of the city where you were born? \_\_\_\_\_
  2. What was the name of your first pet? \_\_\_\_\_
  3. What make (name of manufacturer) was your first car? \_\_\_\_\_
  4. What is your mother's maiden name? \_\_\_\_\_
  5. What was the name of your Elementary School? \_\_\_\_\_
- Remember the **answer** to the question you select, as it will be used for your **Phone Pass Code**, and you will need it when you call the credit union with inquiries about your Belco account.

**Did you remember to:**

- \_\_\_\_\_ Complete **all** personal information on the application for each member
- \_\_\_\_\_ Complete: "Consent form for enrollment in ATM/ Debit Card Overdraft Protection (Reg E)"
- \_\_\_\_\_ Select a Belle and [Belco@net](mailto:Belco@net) PIN number (if applicable)
- \_\_\_\_\_ Select a plastic card and PIN number (if applicable)
- \_\_\_\_\_ Answer the question: "Are you a U.S. Citizen or U.S. Resident Alien?" (Each person answering **No** to this question on the application will need to complete and sign a **W8-BEN** form.)
- \_\_\_\_\_ Sign your name (Note: The primary member and **all** joint owners must sign the application.)
- \_\_\_\_\_ Provide acceptable identification document(s) for **each** new joint being added to the account.

Please make sure that all requested information is completed and attached. If information is left blank, or if two forms of *acceptable* identification for each new Joint applicant is not included, your application will be returned to you for completion as we will be unable to process your request.

- **Questions: About the application or what forms of identification are acceptable, please contact one of our Representatives at 717-232-3526 or 1-800-642-4482.**