

Belco Community Credit Union Additional Services Application

Account # _____

Primary Member / Last	First	MI	SSN	Date of Birth
Street Address*		City	State/Zip	County
Home Phone	Work Phone	Cell Phone	Drivers License # / State / Expiration Date	
Email Address				

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

<input type="checkbox"/> Open a Checking Account or <input type="checkbox"/> Change Overdraft Protection Complete information as you would like it to appear on your checks _____ _____ _____	Overdraft Protection (check one) <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) *You must have a Line of Credit to select this option
Plastic Card Services. Select which card you wish to receive. <input type="checkbox"/> Visa® Check Card (you must have a checking account) <input type="checkbox"/> ATM Card <input type="checkbox"/> Check here to receive a second card in the joint owner's name	Note: Do not use 0000, Q or Z as part of your PIN. Enter Numerical PIN (personal identification number) _____ Joint Card Holder Enter Numerical PIN _____
<input type="checkbox"/> Add/Change PIN for automated services for Belle and Belco@net , which provides you with secured account access and information. Note: Do not use 0000, Q or Z as part of your PIN. Enter Numerical PIN (personal identification number) _____	

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.

Adding a Joint Owner/Changing Joint Owner Name: Complete information below. The 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 / 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 / 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				

<input type="checkbox"/> Account Name Change <input type="checkbox"/> Primary Member <input type="checkbox"/> Joint Owner The primary member and all existing joint owners must sign below.	A.K.A. _____
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Remove a Joint Owner – 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: _____

Note: If there are any joint loans or a joint Visa on the account, the joint owner may not be removed from the account until the loans and/or Visa are refinanced into an individual name.

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? Yes No

X _____ Date _____
Primary Member Signature*

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

X _____ Date _____
Joint Owner # 2 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 # 3 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: _____ Rev 08/09

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 or other identifying documents.

Did you remember to?

_____ Complete **all** personal information on the application for each member

_____ Select a Belle and **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 copies of two forms of identification (i.e. drivers license, passport, social security card, birth certificate, school ID)

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 800 642 4482