

MEMBERSHIP APPLICATION

A **\$5 minimum deposit** is required with this completed form and a **photocopy of your driver's license or picture ID** (signed) to open a new membership account. When opening a checking account, be sure to include a **deposit of at least \$25** when you return this completed application. If you have any questions about this application, please call us at (651) 451-5160 or (800) 813-9185.

PLEASE COMPLETE AND SIGN INSIDE OF APPLICATION

Date	Member Number	Name	
Account Type (check all that apply.)			
Accounts <input type="checkbox"/> Regular Savings (\$5 min. to open) <input type="checkbox"/> Bean Sprout Savings (age 0-12. \$5 to open) <input type="checkbox"/> iSave Savings (age 13-17. \$5 to open) <input type="checkbox"/> Automatic Savings (\$10 min. to open) <input type="checkbox"/> Secondary Savings (\$5 min. to open) <input type="checkbox"/> Online Bill Pay <input type="checkbox"/> Money Maker (Money Market)*		Checking Accounts <input type="checkbox"/> FREE Checking <input type="checkbox"/> eChecking (no checks) <input type="checkbox"/> Rewards (\$1,000 to open) <input type="checkbox"/> FREE 55 <input type="checkbox"/> iSave Checking Order checks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Debit Card for POS/ATM Reg E: <input type="checkbox"/> Opt-In <input type="checkbox"/> Opt-Out	
Opening Deposit Requirements: Money Maker: \$2,500 min. to open. CD: \$100 for Bean Sprout and iSave CDs, \$1,000 for all others.		VISA Credit Card (see other side) <input type="checkbox"/> Platinum (min. limit \$200) <input type="checkbox"/> Platinum Rewards (min. limit \$200) <input type="checkbox"/> Signature (min. limit \$5,000) <input type="checkbox"/> Limit Requested \$ _____ Ready Cash Plus (Overdraft protection) <input type="checkbox"/> Limit Request \$ _____	

Applicant (Please print. Complete all sections and sign on the back.)

NAME: Last	First	Middle	Employer	Position/Title	Years Employed
Street Address (No PO Boxes)		Years at Residence	Gross Monthly Income	<input type="checkbox"/> Renter <input type="checkbox"/> Home Owner	Monthly Payment
			\$		\$
City	State	Zip	Email Address		
Mailing Address (If different than above)			Cell Phone () ()	Home Phone () ()	Work Phone () ()
Driver's License or State ID #			Membership Eligibility: County: <input type="checkbox"/> Anoka <input type="checkbox"/> Chisago <input type="checkbox"/> Carver <input type="checkbox"/> Dakota <input type="checkbox"/> Hennepin <input type="checkbox"/> Le Sueur <input type="checkbox"/> Ramsey <input type="checkbox"/> Rice <input type="checkbox"/> Scott <input type="checkbox"/> Washington Employer: <input type="checkbox"/> CHS <input type="checkbox"/> Chart <input type="checkbox"/> Genex <input type="checkbox"/> LOL <input type="checkbox"/> Scott Equipment <input type="checkbox"/> Family <input type="checkbox"/> Other		
Social Security #		Date of Birth	Security/Password (I.E., Mother's Maiden Name, Pet Name, Etc.) - Optional		

Checking Account (Primary applicant must complete the following information)

Has anyone on this application had a checking account closed by a financial institution without his or her consent within the last 12 months, or ever been convicted of a criminal offense because of the use of a check or similar item within 24 months of this application?

Yes No If yes, please list financial institution and explain _____

Joint Applicant (Please complete if you wish to have another individual joint on your account indicated in Account Type section.)

NAME: Last	First	Middle	Employer	Position/Title	Years Employed
Street Address (No PO Boxes) If different than applicant		Years at Residence	Gross Monthly Income	<input type="checkbox"/> Renter <input type="checkbox"/> Home Owner	Monthly Payment
			\$		\$
City	State	Zip	Email Address		
Mailing Address (If different than above)			Cell Phone () ()	Home Phone () ()	
Driver's License or State ID #		HCU Member #	Work Phone () ()		
Social Security #		Date of Birth	Security/Password (I.E., Mother's Maiden Name, Pet Name, Etc.) - Optional		

Member Number _____

Joint Applicant (Please complete if you wish to have another individual joint on your account indicated in Account Type section.)

NAME: Last	First	Middle	Employer	Position/Title	Years Employed
Street Address (No PO Boxes) If different than applicant		Years at Residence	Gross Monthly Income	<input type="checkbox"/> Renter <input type="checkbox"/> Home Owner	Monthly Payment
			\$		\$
City	State	Zip	Email Address		
Mailing Address (If different than above)			Cell Phone	Home Phone	
			()	()	
Driver's License or State ID #	HCU Member #	Work Phone			
		()			
Social Security #	Date of Birth	Security/Password (I.E., Mother's Maiden Name, Pet Name, Etc.) - Optional			

Beneficiary/POD

1. Name _____	2. Name _____
Address _____	Address _____
_____	_____
Phone Number _____	Phone Number _____
Social Security # _____	Social Security # _____
Date of Birth _____	Date of Birth _____
Relationship _____	Relationship _____

Important Information About Procedures to Open 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 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.

Authorization and Signatures (Both signatures required for a joint account)

By signing below, I/we acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings and Fee Schedule, Funds Availability Policy and Electronic Funds Transfer Agreement, Privilege Pay disclosure and any amendments the credit union makes to these documents from time to time. HCU is authorized to check my/our account, credit, identity and employment history and to obtain a consumer report from third parties, including credit reporting agencies to verify my/our eligibility for the accounts and services requested in connection with this application and for any update, renewal, or extension of credit or services. If a Visa card(s) is/are approved and issued, I/we agree that by signing, using or permitting another to use the card(s) I/we will be bound by the cardholder disclosure included with the credit card(s).

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 to me), 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 US citizen (including a US resident alien).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

Visa Applicants: I/We understand that the use of this credit card constitutes acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures mailed or given to me/us. In addition, I/we grant Heartland Credit Union a security interest in all individual and joint share and/or deposit accounts I/we have with you now and in the future to secure my/our credit card account. When I/we am/are in default, I/we authorize you to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest I/we have given in my/our shares and deposits. Federal law provides important protections to members of the Armed Forces and their dependents relating to extension of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account). Please call us at (800) 813-9185 to receive oral disclosures of the Military Lending Act disclosure above and a description of the payment obligation.

X _____	_____	X _____	_____
Member's Signature	Date	Member Print Name	
X _____	_____	X _____	_____
Joint Member's Signature	Date	Joint Member Print Name	
X _____	_____	X _____	_____
Joint Member's Signature	Date	Joint Member Print Name	

ANY FAX TRANSMISSION OF YOUR SIGNATURE MAY BE HELD EQUALLY ENFORCEABLE AS YOUR GENUINE SIGNATURE.

