

## MEMBERSHIP/ADDITIONAL ACCOUNTS

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 \$30** 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				
<b>Account Type (check all that apply.)</b>						
<b>Accounts</b> <input type="checkbox"/> Regular Savings (\$5 min. to open) <input type="checkbox"/> Youth Savings (age 0-17. \$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 Market*		<input type="checkbox"/> Debit Card for ATM Access <input type="checkbox"/> CD* <input type="checkbox"/> Beneficiary (POD) <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Online Banking (includes eStatements)				
*Opening Deposit Requirements: Money Market: \$2,500 min. to open. Certificate of Deposit: \$100.		<b>Checking Accounts</b> <input type="checkbox"/> FREE Checking <input type="checkbox"/> eChecking (no checks) <input type="checkbox"/> High-Yield Checking <input type="checkbox"/> FREE 55 <input type="checkbox"/> Youth Checking  Order checks? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Debit Card for POS/ATM <b>Reg E:</b> <input type="checkbox"/> Opt-In <input type="checkbox"/> Opt-Out				
<b>Applicant (Please print. Complete all sections and sign on the back.)</b>						
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"/> 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 <input type="checkbox"/> Chisago <input type="checkbox"/> Anoka 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		
<b>Checking Account (Primary applicant must complete the following information)</b>						
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list financial institution and explain _____						
<b>Joint Applicant (Please complete if you wish to have another individual joint on your account indicated in Account Type section.)</b>						
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.					
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.

OFFICE USE ONLY								
JOINT PRIMARY 1	ID Verified	OFAC Check	eFunds Check	Checks Ordered	Debit Card Blue/Black	Teller #	Verified By/Date	HR
					Debit Card Blue/Black			
					Debit Card Blue/Black			
JOINT 2								