

Membership Application with Survivorship



To open a **NEW ACCOUNT**, please complete this form. Fill in all the information on this form and sign in all areas front and back. You may bring back form and supporting documentation to your Student Credit Union or mail this form to 300 Arch. St., Meadville, PA 16335, ATTN: Student Credit Union Coordinator, fax to (814)724-7599, email to rwilley@onefcu.com, or you may open your account by phone by calling (888) 299-7351.

School: _____

Purpose of Account: Individual Joint.

Faculty/Staff Name: _____ Social Security #: _____ Secret Phrase: _____

Address: _____ Date of Birth: ____/____/____

City/State/Zip: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Joint Owner Name: _____ Social Security #: _____

Occupation: _____ Date of Birth: ____/____/____

Driver's License #: _____ State: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Address: (If Different) _____

Joint Owner Name: _____ Social Security #: _____

Occupation: _____ Date of Birth: ____/____/____

Driver's License #: _____ State: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Address: (If Different) _____

Account Statement Delivery Option: Email Paper (\$2.00 Monthly Fee)

This is a joint account. Beneficiaries (pay on death) may be indicated below. The ownership type and beneficiary designation specified will remain the same for the entire account (excluding certificates, IRA accounts and loan accounts).

Beneficiaries: (optional) If this is a beneficiary (Pay On Death) account, on the death of all account owners, the account will be payable on proper withdrawal demands of all beneficiaries who survive the owner or owners.

Names: _____ SS# _____ Date of Birth: ____/____/____

Names: _____ SS# _____ Date of Birth: ____/____/____

Under Penalties of perjury, I/we certify that (1) the first taxpayer identification number shown on this form is correct and (2) that the parties to the account are not subject to backup withholding because (a) they are exempt from backup withholding, or (b) they have not been notified by the Internal Revenue Service (IRS) that they are subject to back withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified them that they are no longer subject to backup withholding and (3) they are a U.S. personal (including a U.S. resident alien). (you must strike out the language in (2) above if the IRS has notified any parties that they are currently subject to backup withholding because they have failed to report all interest or dividends on their tax return

All dividends will be reported under the social security number shown first on this application. By signing below I/We make application membership in The ONE Federal Credit Union and agree to the bylaws and rules and regulations of The ONE Federal Credit Unions they now exist or as they may be changed in the future.

Signatures: The undersigned certify the information provided above is true and correct and further agree to be bound by the terms and conditions contained therein

Faculty / Staff Signature

Date: ____/____/____

Joint Owner Signature

Date: ____/____/____

Joint Owner Signature

Date: ____/____/____

Parent / Guardian Authorization:

I hereby request and authorize the following accounts with The ONE Federal Credit Union.
(Initial all that applies)

- | | | |
|--|---|---|
| <input type="checkbox"/> Club Accounts | <input type="checkbox"/> Checking | <input type="checkbox"/> Debit Card (Checking required) |
| <input type="checkbox"/> Web Banking | <input type="checkbox"/> Mobile Banking | <input type="checkbox"/> Share Certificate (CD) |
| <input type="checkbox"/> Electronic Bill Pay | <input type="checkbox"/> Courtesy Pay | <input type="checkbox"/> Direct Deposit |
| <input type="checkbox"/> Checks(Circle One: Blue, Yellow, Green, Gray) | | |

Faculty/Staff Signature: _____

Date: ___/___/___

The ONE Federal Credit Union
Attn: Student Credit Union Coordinator
300 Arch St.
Meadville, PA 16335
(814) 336-2794 ext. 242

DOCUMENTS REQUIRED FOR ACCOUNT OPENING

- Photo ID
- Copy of Social Security Card
- \$5 Credit Union Membership Deposit

Revised 08.2017

Office Use Only		
Received by: _____	Processed by: _____	Verified by: _____
Date: _____	Date: _____	Date: _____
Membership Bonus Processed: _____ Date: _____ By: _____ Other: _____		