

Student 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. One Parent/Guardian must be on all student accounts under the age of 13; both are welcome.

*Students age 13 and older requesting additional services may require adult joint ownership, see back for details.

Homeroom Teacher: _____ **Grade:** _____ **School:** _____

Purpose of Account: Individual Joint. **Less than 13 years of age must have parent/guardian joint ownership**

Student Name: _____ **Social Security #:** _____ **Secret Phrase:** _____

Address: _____ **Date of Birth:** ___/___/___

City/State/Zip: _____ **Home Phone:** _____

Student Email: _____ **Student Cell Phone:** _____

Parent/Guardian Name: _____ **Social Security #:** _____

Occupation: _____ **Date of Birth:** ___/___/___

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

Email: _____ **Cell Phone:** _____

Address: (If Different) _____

Parent/Guardian 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

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 backup 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

Student Signature Date: ___/___/___

Parent/Guardian Signature Date: ___/___/___

Parent/Guardian Signature Date: ___/___/___

Parent / Guardian Authorization:

I hereby request and authorize the above student to open the following accounts with The ONE Federal Credit Union at School Student Credit Union Program. (Initial all that applies)

- Club Accounts Checking Debit Card (Checking required)
- Web Banking Mobile Banking Share Certificate (CD)
- Graduation Growth Fund Student Lending
- Checks(Circle One: Blue, Yellow, Green, Gray)

ALL students requesting the following services, require parent or guardian joint ownership:

- Checking (*Must be 13*)
- Debit Card (*Must be 13*)
- Share Certificate
- Student Lending (*Must be 13*)

Parent/Guardian joint ownership is required due to either product restrictions and/or collectability.

Parent/Guardian Signature: _____ Date: ___/___/___

Parent/Guardian (Printed): _____

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

- Student Photo ID (If no student ID available copy of Birth Certificate)
- Copy of Student Social Security Card
- Copy of Parent/Guardian Photo ID
- Copy of Parent/Guardian Social Security Card
- *Required on student account under the age of 13 and restricted products – *see above*
- \$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: _____		