



PERSONAL PROFILE

Personal Record # _____

IMPORTANT INFORMATION: 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 for you: 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 may also ask to see your drivers' license or other identifying documents. The information you provide is protected by our privacy policy and federal law.

Personal Information (A photocopy of your driver's license is required)

Name _____ Social Security/TIN # _____

Primary Phone (_____) _____ Work Phone (_____) _____ Birthdate ____/____/____

Driver's License # _____ Exp. Date _____ DL State Issued _____ Mother's Maiden Name _____

Physical Address (No P.O. Box) _____ City _____ State _____ ZIP _____

Mailing Address (if different) _____ City _____ State _____ ZIP _____

E-mail _____ Occupation or occupation retired from _____

For New Members, please complete sections below. Member's social security will be used for tax reporting and is required to open an account with ACCU.

For Joint Owner, skip to the signature section.

NEW MEMBER

Eligibility (check all that apply)

1. I am a: Member Regular Attendee Student/Alumnus Employee

Of (Name of Church/School/Ministry): _____

City _____ State _____ Denomination _____

2. or Immediate family member living in ACCU member's home (Member's Name) _____ Relationship _____
(Immediate family members are not required to sign the Field of Membership and Statement of Faith section.)

How did you first hear about ACCU: Family Friend Work Church School Mail Online Medi-Share Adoption Agency

Magazine Newspaper Event (Name) _____ Other _____ **PROMO CODE** _____

Field of Membership and Statement of Faith

Membership at ACCU requires alignment with our Field of Membership.

By signing below, I acknowledge that I have received, understand and am in alignment with the Wesleyan Christian Doctrine and its identity as shown in America's Christian Credit Union's Statement of Faith.

Member's Name _____ Signature _____

Signature and Certification

By signing below, I certify under penalties of perjury that (1) the Taxpayer Identification Number (TIN)/Social Security Number shown on this form is my correct TIN, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding (and have written "Exempt" after my TIN on the TIN blank), 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 informed me that I am no longer subject to backup withholding. I am a U.S. person (including a U.S. resident alien).

By signing below, the undersigned has applied for membership in the credit union; agrees to its by-laws and the Terms and Conditions of any approved account, as amended from time to time; and authorizes the credit union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certifies that the information provided on this Application is true and correct, and that the Terms and Conditions on the Application apply to all accounts held by the undersigned at this credit union.

You agree that America's Christian Credit Union (ACCU) may from time to time make calls and/or send text messages to you at any telephone number associated with your current or future account(s), including wireless telephone numbers that could result in charges to you. The manner in which these calls or text messages are made to you may include, but is not limited to, the use of prerecorded/artificial voice messages and/or automatic telephone dialing system. You further agree that ACCU may send e-mails to you at any e-mail address you provide us or use other electronic means of communication to the extent permitted by law. Consent may be revoked at any time and by any reasonable means.

The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

Name: _____ Signature: _____ Date: _____

This area for credit union use only.

Approved By _____ Date _____ Title _____

Disclosures are provided to the member, in person, when the account is opened or mailed if the member was not present.

Truth-in-Savings Disclosure Electronic Funds Transfers Disclosure Funds Availability Disclosure Privacy Disclosure

