

# Membership Application with Survivorship



To open a **NEW ACCOUNT**, please complete this form. Fill in all the information on this form and sign at the bottom. Drop off our completed form to your Student Credit Union Branch. If you have questions regarding the membership application process you may contact the Student Credit Union Coordinator by email at [rwilley@onefcu.com](mailto:rwilley@onefcu.com) or by calling (814) 336-2794 ext. 242.

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

**Member Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ **Passcode:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_  
**City/State/Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_

### Joint Owner (Optional)

**Parent/Guardian Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Date Of Birth:** \_\_\_/\_\_\_/\_\_\_  
**Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_  
**Address:** (If Different) \_\_\_\_\_

**Account Statement Delivery Option:**  Email  Paper (Beginning 1/1/17 - \$2/month)

### Products and Services (applying for)

Online Banking  Mobile Banking  Checking Account  
 Electronic Bill Pay  Automated Telephone Banking  Debit Card (checking  
required)  Club Account(s)  Lending

Other  \_\_\_\_\_

### Graduation Growth Fund (\*available only for students)

*\*The Graduation Growth Fund is an interest bearing savings account that*

*allows students to deposit money in a higher yield account. The monies deposited into this account are not redeemable until May 31<sup>st</sup> of the student's year of graduation. If funds are withdrawn prior to the aforementioned date, a penalty of \$100.00 will be imposed. The purpose of this account is to allow students the ability to watch their savings grow and establish a strong financial future.*

**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 ONE Area Federal Credit Union and agree to the bylaws and rules and regulations of ONE Area 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.

**Member Signature** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

Joint Owner Signature \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Office Use Only: Rec'd By: \_\_\_\_\_ Date: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Account Parent / Guardian Authorization:**

I hereby grant and authorize the above student to open the formerly indicated accounts with the School Student Credit Union.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Parent/Guardian (Printed): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

\*If your student is interested in opening an account, and is under the age of 13, a parent / guardian is required to be a joint owner on the account.

**ONE Federal Credit Union  
300 Arch St.  
Meadville, PA 16335  
(814) 336-2794**



**Student Credit Union Account Opening Check List**

**Age 12 and Under**

**Age 13 and Over**

\_\_\_\_ Student Photo ID

\_\_\_\_ Student Photo ID or Driver's License

\_\_\_\_ Copy of Student SS Card

\_\_\_\_ Copy of Student SS Card

\_\_\_\_ Copy of Parent/Guardian Photo ID

\_\_\_\_ Copy of Parent/Guardian Photo ID if joint owner

\_\_\_\_ Initial Deposit of \$5

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\*If opening a Checking Account and ordering checks, an initial deposit of \$20.00 must be made.

