## **Everence Federal Credit Union Membership Application**



Member number (assigned by credit union) Please type or print to complete and return this application and initial deposit to your local branch or mail it to Everence Federal Credit Union, 2160 Lincoln Highway E., Suite 20, Lancaster, PA 17602. If mailing the application, please include a copy of your valid photo ID. 1. Primary member Name of primary member Birth date Social Security/Tax Identification number \_\_\_\_\_\_ Email address \_\_\_\_\_ Street address (**required**) \_\_\_\_ Mailing address (if different from above) Street City State Code word For security and identification purposes: Mother's maiden name Number Expiration date Photo ID: State \_\_\_\_\_ How did you hear about us? \_\_\_\_ Occupation Employer \_\_\_\_\_ Membership eligibility ☐ I am a member of, employee of, or student of a Mennonite or Anabaptist church or organization. Name of church or organization: \_\_\_\_\_ ☐ I, or an immediate family member, owns another Everence product. Name of family member \_\_\_\_\_\_ ☐ I share values consistent with the Anabaptist understanding of Christian stewardship (Psalm 24 – all I am and all I have are from God) and, in response to God's generosity, practice stewardship of all my resources. 2. Account ownership Check the appropriate box to indicate account type. If more than two joint owners, call 800-451-5719. ☐ Individual account (go to section 3) ☐ Joint with survivorship (for joint accounts, supply joint owner information immediately below) Representative payee (Must supply Social Security Administration letter, only 1 Representative Payee allowed) ☐ Custodian (must complete account designation form or provide court order) Joint/Rep.Payee/Custodian Name\_\_\_\_ Birth date Social Security/Tax Identification number \_\_\_\_\_ Email address Street address (if different than primary member) Citv For security and identification purposes: Mother's maiden name \_\_\_\_\_\_ Code word \_\_\_\_\_ \_\_\_\_\_ Expiration date \_\_\_\_\_ \_\_\_\_\_Occupation\_\_\_\_ Employer \_\_\_\_\_ Name of second Joint/Custodian (if applicable) Social Security/Tax Identification number \_\_\_\_\_ Email address \_\_\_\_\_ Street address (if different than primary member)

Street Citv \_\_\_\_\_ Code word \_\_\_\_\_\_ For security and identification purposes: Mother's maiden name Expiration date \_\_\_\_\_ Occupation\_\_\_\_ Employer \_\_\_

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5. Savinus and id	oan accounts			
Primary savings: Mem		•		This money is yours, but \$5 must
	te which accounts you wish to equirements to avoid fees.	open with this a	pplication. See separate fee ar	nd rate schedules for minimum deposit
regular checking	relationship checking		club accounts	$\square$ jubilee account
$\square$ youth savings	share certificate		relationship savings	☐ indexed money market
☐ Health Savings Accou	unt (HSA)*		☐ Individual Retirement Acco	ount (IRA)*
Debit Cards:				
Order Primary Owner	Card (Use separate order form	n for minors.)		
Order Joint Owner ca	ard			
Order Representative	Payee or Custodian Card			
Loans: Everence offers	a variety of loans.			
☐ MyNeighbor credit	card*: Everence donates 1.50	% of your transa	ction totals to the charitable o	rganization of your choice.
☐ <b>Consumer*:</b> Vehicle	, personal and student loans.			
Real estate*: Fixed- and adjustable-rate mortgages, fixed- and adjustable-rate home equity loans and lines of credit.				
☐ Business*: Loans and	d lines of credit.		*Additional applicati	ons are required and given when indicated.
Consumer reports. By evaluate your creditworthin		on, you authorize E I for other Everence	Everence Federal Credit Union to o	obtain a consumer credit report to authorize Everence Federal Credit Union to unts you open. You understand these
	isions to deny account applications			
Schedule, and Funds Availa herein. I acknowledge rece EFT service is requested an	ipt of a copy of the Agreement and d provided, I agree to the terms of	e, and to any amer d Disclosures applic and acknowledge	dment the credit union makes fro table to the accounts and services receipt of the Electronic Funds Tra	Truth-in-Savings Rate Sheet, Fee om time to time which are incorporated requested herein. If an access card or nsfer Agreement. The Internal Revenue ns required to avoid backup withholding
debit/ATM card be issued in debit/ATM card cardholder	n my name and in the name of the agreement and that I have read, u	co-applicant (if ap Inderstand, and ag	plicable). Further, I acknowledge t ree to be legally bound by the teri	iverence Federal Credit Union MasterCard hat I have received a copy of the MasterCard ms and conditions of that agreement. I also ct and Truth-in Savings Act as applicable.
<ol> <li>Under penalties of perjury,</li> <li>The Social Security Nun</li> <li>I am not subject to backup withholding as ing, and</li> <li>I am a U.S. person (incl.)</li> </ol>	nber shown above is my correct tax kup withholding because: (a) I am o a result of failure to report all inter uding a U.S. resident alien).	exempt from backu est or dividends, or	up withholding, or (b) I have not b r (c) the IRS has notified me that I	umber to be issued to me), and een notified by the IRS that I am subject to am no longer subject to backup withhold-ntly subject to backup withholding.
Cross out number 3 abov	ve and complete Form W-8 BEN	if you are not a U	l.S. person.	
XSignature of primary me			XSignature of first joint owner/Re	
Signature of primary me	ember	Date	Signature of first joint owner/Ro	epresentative Payee/Custodian Date

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X \_\_\_\_\_\_\_Signature of second joint owner/Custodian (if applicable)

Date

## 5. Member service questionnaire – transactional account

you answer the following questions. We appreciate you taking the time to answer these questions.				
Citizenship (Check one)  U.S. citizen Resident alien Nonresident alien  If non-U.S. citizen, country of citizenship				
Will you be using our wire services regularly? <i>(Check all that apply)</i> Domestic wires more than five times a month  International wires more than 5 times a month				
How will you be primarily funding your account? <i>(Check only one option)</i> Payroll Wires ATM deposits Cash Checks Electronic deposits				
Will you have any large cash needs over \$5000 on a regular basis? <i>(Check one)</i> ☐ Yes ☐ No				
How many times a month do you anticipate you will be using the ATM? <i>(Check one)</i> Less than 25 times per month  More than 25 times per month				
How many checks do you anticipate writing each month? <i>(Check one)</i> ☐ 0-50 ☐ 51-100 ☐ More than 100				
Will you be purchasing money orders more than five times a month? <i>(Check one)</i> ☐ Yes ☐ No				

To help us serve you better and understand the types of transactions you anticipate for your credit union account, we are requesting that

**Everence Federal Credit Union** 

2160 Lincoln Highway E., Ste. 20 Lancaster, PA 17602-1150 everence.com/banking Toll-free: 800-451-5719 F: 717-735-8331 infocu@everence.com

For staff use only				
Date of membership	Opened by			
Identity verification form (copy attached)				
Member service questionnaire				

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