



Personal MEMBERSHIP APPLICATION

To become a member of Directors Choice Credit Union, please complete and return this application to the Credit Union along with your minimum deposit of \$25. This \$25 minimum must remain in the Choice Share account for you to remain a member. This share balance must be maintained in order to utilize other Credit Union products and services.

Office Use Only
SHARE ACCOUNT #

To establish a joint account, the Joint Owner section on the **back of this application must be completed and signed by the primary account owner and joint owner(s).

If you have any questions, call DCCU at 800-593-5920.

Incomplete applications may delay processing

ACCOUNT TYPE (circle one): Individual **Joint

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Employer _____

MEMBERSHIP ELIGIBILITY: If you are becoming a member through a relative, please provide us with your relative's name, relationship and employer so that we may verify eligibility.

Eligibility _____

(i.e., funeral home name or relative's name)

Mother's Maiden Name _____

I/we hereby make application for membership in the Directors Choice Credit Union by subscribing for at least one share and agree to conform to the laws and amendments thereof.

Owner Signature _____

Provide your Social Security number and signature.

Federal law prohibits us from establishing an account without a valid Social Security or Tax Identification Number. (This applies to organizational as well as club accounts.)

CERTIFICATION OF TAXPAYER Taxpayer I.D. Number

My correct taxpayer identification number is:
(Social Security Number or TIN) _____

***CERTIFICATION:** Under penalties of perjury, I certify: (1) that the number shown on this form is my correct taxpayer identification number; (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or a U.S. resident alien.

Taxpayer signature _____

Date _____

JOINT SHARE ACCOUNT AGREEMENT

The Directors Choice Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with Directors Choice Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge Directors Choice Credit Union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the Credit Union from time to time.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the Credit Union.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to Directors Choice Credit Union which shall not affect transactions theretofore made.

Social Security #

Joint Owners

(1) _____

Print Name (owner) Signature

(2) _____

Print Name (owner) Signature

(3) _____

Print Name (owner) Signature

TOTAL INITIAL DEPOSIT

Please allocate the total amount enclosed as follows: \$ _____

Choice Share Account (\$25 minimum deposit) \$ _____

Share Accounts (Savings)

Holiday Club \$ _____

Auto Club \$ _____

Vacation Club \$ _____

Young Saver \$ _____

Checking Account (Share Draft) \$ _____

Include the completed Checking (Share Draft) Agreement and Application

Money Market Account \$ _____

Share Certificates/IRA Certificates

6 Month \$ _____

12 Month \$ _____

12 Month Step-Up \$ _____

18 Month \$ _____

24 Month \$ _____

24 Month Add-On Certificate \$ _____

36 Month \$ _____

48 Month \$ _____

60 Month \$ _____