MEMBERSHIP APPLICATION & AGREEMENT

CASE CREDIT UNION

PLEASE PRINT CLEARLY WHEN COMPLETING THIS FORM
If you have questions about completing this form, please call us at 517-393-7710 or toll free at 888-393-7716.
You can e-mail questions via our website www.casecu.org.

Account Number: (OFFICE USE ONLY)	Suffix(es)

☐ RF Verified (1st Review) _____ RF Present YES NO
☐ RF Verified (2nd Review) _____

Eligibility: You must be eligible for membership to open an account. Please select your eligibility below

- ☐ Reside, work, or worship within the lower peninsula of the State of Michigan
- ☐ Employee, pensioner, student, or alumni of any educational institution within the lower peninsula of the State of Michigan
- ☐ Member of the Michigan Education Association
- ☐ Donor to CASE Cares - I acknowledge I am donating to a non-profit organization
- ☐ Employee or member of employer group or other organized group (written request provided to the Credit Union)
- ☐ Person receiving a retirement annuity, pension, social security, or similar retirement payment from private or government sources, and lives in or belongs to a retirement organization located in or contiguous to Ingham County
- ☐ CASE Credit Union employee or immediate family member
- ☐ A spouse of a deceased member if accepted into membership prior to remarriage

- ☐ Membership New / Close
- ☐ Share/Suffix New / Close
- ☐ New Checking (see below)
- ☐ Name Change
- ☐ Add/Remove Joint Owner
- ☐ Add/Remove Beneficiary

- ☐ Elite Checking
- ☐ Everyday Checking
- ☐ Empower Checking

MEMBER Name (First, Middle Initial, Last) *(PLEASE PRINT)*

Social Security Number or Tax I.D. | Date of Birth | Mother's Maiden Name

Address | City | State | Zip Code

Home Phone | Work Phone | Driver's License Number or Other Government ID/State/Expiration Date

Cell Phone | Employed By

Member E-Mail Address | Occupation

JOINT MEMBER (1) (Name) *(PLEASE PRINT)* | SSN or Tax I.D. | Date of Birth

Address - City - State - Zip Code | Phone | DL Number or Other Government ID/State/Exp Date

JOINT MEMBER (2) (Name) *(PLEASE PRINT)* | SSN or Tax I.D. | Date of Birth

Address - City - State - Zip Code | Phone | DL Number or Other Government ID/State/Exp Date

Beneficiary Designation, Information and Provisions

Upon the death of the owner, or the last surviving owner if there is more than one, the funds covered by this agreement shall become the property of the beneficiary(ies) listed below who are alive at the time. In addtion, each such beneficiary shall have the power to withdraw only his or her equal share of the remaining account balance together with any accumulations on such amount. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement.

Beneficiary Name *(PLEASE PRINT)* | Social Security Number or Tax I.D.

Address | City | State | Zip Code

Beneficiary Name *(PLEASE PRINT)* | Social Security Number or Tax I.D.

Address | City | State | Zip Code

Signatures

By signing below, I/We agree to the terms and conditions as disclosed in the Membership Account Agreement and to any amendments the credit union makes from time to time which are incorporated herein. The undersigned certifies the information provided on this application is true and correct and acknowledges receipt of a copy of the Membership Account Agreement. I certify that (1) the number shown is my correct Social Security or Tax Payer ID number and (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 a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. I/We understand that the Internal Revenue Service does not require my/our consent to any provisions of this document other than the certification required to avoid backup withholding* and (3) I am a U.S. person (including a U.S. resident alien, and (4) I meet the CASE Credit Union eligibility requirements.

Member X | Date

**STRIKE OUT THE LANGUAGE IN (2) ABOVE IF THE IRS HAS NOTIFIED YOU THAT YOU ARE SUBJECT TO BACKUP WITHHOLDING AND HAS NOT TERMINATED THAT NOTIFICATION.*

Joint Member (1) X | Date

Joint Member (2) X | Date

Important information about procedures for opening an account: *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 you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.*