



Membership Application

Member Services: 815-267-7700
 Toll Free 1-866-469-6228
 Fax 815-409-4865
 www.abricu.com

Member Name	Account #	Date
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MEMBER INFORMATION (Please print & complete all sections)

Street Address (NO P. O. BOXES)	Social Security Number
City / State / Zip	Date of Birth
Home Phone	<input type="checkbox"/> Work or <input type="checkbox"/> Cell Phone
Do You: <input type="checkbox"/> OWN <input type="checkbox"/> RENT Years at Residence	Mother's Maiden Name
Driver's License Number and State	E-mail Address
Employer Business Phone	Position / Title Years Employed

ELIGIBILITY (I am eligible to join Abri Credit Union because I...) PLEASE CHECK ONE

Live / Work in DuPage County Will County Grundy County Kendall County

Other

Am an employee or user of:

Am a relative of a member of Abri Credit Union

Name of Relative: _____ Relationship: _____

OWNERSHIP OF ACCOUNT PLEASE CHECK ONE

Individual Joint with Survivorship (IL UTMA) Other _____

JOINT OWNER INFORMATION (Complete this section if you want to add a Joint Owner)

Joint Owner Name	Joint Owner Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Home Phone Business Phone	Home Phone Business Phone
Social Security Number Date of Birth	Social Security Number Date of Birth
Driver's License Number / State Mother's Maiden Name	Driver's License Number / State Mother's Maiden Name

BENEFICIARY INFORMATION

Name	Date of Birth	Relationship
Name	Date of Birth	Relationship
Name	Date of Birth	Relationship

CUSTODIAL INFORMATION (Complete this section if this is a UTMA or Rep Payee Account)

If you checked the box on the first page that specifies this account type, you agree to be bound by the Act in effect in the state of Illinois.

Custodian Name	Social Security Number	
Street Address	Date of Birth	DL# and State
City / State / Zip	Home Phone	

SELECT YOUR ACCOUNTS AND/OR SERVICES

All of the terms, conditions, form of account ownership, account selection and other information indicated on the card apply to all of the accounts and services listed below unless the credit union is notified in writing of a change.

ACCOUNTS	SERVICES
<input type="checkbox"/> Prime Shares (Required) _____ <input type="checkbox"/> Additional Share Accounts _____ <input type="checkbox"/> Checking _____ Type _____ <input type="checkbox"/> Money Market _____ <input type="checkbox"/> Christmas Club _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Direct Deposit / Payroll Allocation <p style="text-align: center;">CHECKING ACCOUNT SERVICES</p> <input type="checkbox"/> Visa Check Card <input type="checkbox"/> Member <input type="checkbox"/> Joint Owner(s) <input type="checkbox"/> Overdraft Protection (1) _____ (2) _____ (3) _____

SIGNATURES AND CERTIFICATIONS

Under penalties of perjury I certify that:

- (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and*
- (2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, 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 notified me that I am no longer subject to backup withholding, and*
- (3) *I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7)*
- (4) *The FACTA code(s) entered on this form (if any) indicating that I am exempt from FACTA reporting is correct.*

Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not an U.S. person.

By signing below, I have applied for membership in the credit union; certify that the information on this membership agreement is complete and true; acknowledge receipt and agree to the terms and conditions contained in the Account Information Brochure, Truth-in-Savings, Privacy Disclosure, Electronic Funds Disclosure and Funds Availability Policy Disclosure, and to any amendments the Credit Union makes from time to time. I/We authorize the credit union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit-reporting agency.

PROXY By checking this box, the member does hereby constitute and appoint the members of the Board of Directors of this Credit union, who are qualified and acting directors at the time this proxy is used, as proxies to cast all votes to which the member is entitled, for the election of directors, mergers and matter with regard to which credit union shareholders are entitled to vote by proxy, as the said directors or a majority of them see fit, at all annual or special meetings of the members of said credit union hereafter held and any adjournment thereof, from time to time and year to year, until and unless this proxy is cancelled by the member. The member further authorizes the said proxies to designate a person or committee to cast the vote or votes of the member in such manner and for such candidates as the said proxy shall determine, hereby ratifying whatever the said proxies may do in the premises.

By signing below, I acknowledge that my deposit accounts are insured up to \$250,000 per account by American Share Insurance, the nation's largest private deposit insurer. Furthermore, I acknowledge that this institution is not federally insured and if the institution fails, the Federal Government does not guarantee that I will get back my money.

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

MEMBER SIGNATURE	DATE	JOINT OWNER SIGNATURE	DATE
X		X	
		JOINT OWNER SIGNATURE	DATE
		X	

YOUR SAVINGS INSURED TO \$250,000 PER ACCOUNT



By members' choice, this institution is not federally insured.

Operator Number _____

Revision Date: 07/12/19