

Important Information

Procedures for Opening a New 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 **(this includes the primary member and all joint owners on an account)**.

What this means for you:

When you open an account, we will ask for your name, residence; physical address and mailing address, if different (PO Box alone will not be accepted), date of birth, and other information that will allow us to identify you.

In all cases protection of our member's identity and confidentiality is the Credit Union's top priority.

Items needed for opening an account:

- ☐ **Copy of Current State-Issued Photo ID** (for primary member and each joint owner)
- ☐ **Copy of Valid Social Security Card** (or verification of Social Security Number from approved Select Employee Group Representative-for primary member and each joint owner)
- ☐ **Completed Membership Application** (helpful hints in filling this out can be found below)
- ☐ **Opening Deposit** (or payroll deduction form)
- ☐ **Notary Form** (if opening by mail and not through a Select Employee Group Representative)

Completing the Membership Application

To ensure your application is complete and ready to process when we receive it, please review the following tips before completing the membership application:

- Check the boxes next to the service(s) for which you are applying. You will notice that the Share/Savings Account box has already been checked in order to establish your membership with the Credit Union.
- Please complete all information. If you're unsure how to complete any sections please contact us.
- When complete, print the application, sign (black ink preferred) and have any and all joint owners sign. If you will have more joint owners and/or account beneficiaries, also complete the Additional Joint Owners And/Or Account Beneficiaries form (available on our website or at our office). **Please note: The primary member must sign both the TIN Certification and Authorization sections.**
- If you will have more than one joint owner and/or two account beneficiaries, please use the ADDITIONAL JOINT OWNERS AND/OR BENEFICIARIES form available on our website or in our office. **Please note: If using this additional form, the primary member must check the box above the signature line on the Membership Application acknowledging additional joint owners and/or beneficiaries on a subsequent page.**

A Note About Joint Owners And Account Beneficiaries:

Primary members are eligible to vote in credit union elections (i.e. board of director positions, etc.). Joint owners have full access to the information and money in the account. Upon the primary member's or joint owner's death, funds are disbursed to surviving joint owners and then to beneficiaries.

Opening Deposit and Payroll Deduction Form

- A \$5.00 deposit* is required to join the credit union. This \$5.00 represents your membership share and ownership in the credit union.
- Simply Checking, High Yield eChecking, and Achieve Checking accounts: An account balance of \$20 or more is required to order debit cards and/or checks.
- The direct deposit/payroll deduction form is available in our office, on our website, or from our select employee group representatives. If we can help you with the process please let us know.

** Employees of Select Employee Groups may have their payroll deduction or direct deposit fund their membership share.*

Complete and return your application and other documents in person, by mail, or through your select employee group representative.



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ACCOUNT #

☐ NEW ACCOUNT ☐ CHANGE BENEFICIARY
☐ ADD JOINT ☐ UPDATE CARD

☐ NAME CHANGE

FROM

☐ OTHER



Federally insured by NCUA

Membership Application

PLEASE COMPLETE ALL FIELDS

Account Type(s) <input checked="" type="checkbox"/> Share/Savings <input type="checkbox"/> Checking <input type="checkbox"/> IRA <input type="checkbox"/> Holiday Club <input type="checkbox"/> Investment Savings <input type="checkbox"/> Share Certificate	Membership Eligibility <i>I am eligible to join in one of the following ways:</i> <input type="checkbox"/> Employee of Sponsoring Company/Organization: _____ <input type="checkbox"/> Relative of current member. Member Name: _____ <input type="checkbox"/> County of work or residence: _____
Account Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Joint Tenant with Rights of Survivorship (Additional Documentation Required for the following account types) <input type="checkbox"/> Association <input type="checkbox"/> Representative Payee	How did you hear about Volt? _____

PRIMARY MEMBER INFORMATION				JOINT OWNER #1 INFORMATION			
Name (Please Print) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		Date of Birth		Name (Please Print) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		Date of Birth	
Soc. Sec. No. or Tax ID No.		Mother's Maiden Name		Soc. Sec. No. or Tax ID No.		Mother's Maiden Name	
Home Address				Home Address			
City/State/ZIP Code				City/State/ZIP Code			
Home Phone (including Area Code)		Business Phone (include extension if applicable)		Home Phone (including Area Code)		Business Phone (include extension if applicable)	
Mobile Phone		Email Address		Mobile Phone		Email Address	
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed due to disability				Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed due to disability			
Employer				Employer			
Occupation (if retired or unemployed, list previous occupation)				Occupation (if retired or unemployed, list previous occupation)			
I.D. Type <input type="checkbox"/> Driver's License <input type="checkbox"/> State I.D. <input type="checkbox"/> Other _____		I.D. Expire Date		I.D. Type <input type="checkbox"/> Driver's License <input type="checkbox"/> State I.D. <input type="checkbox"/> Other _____		I.D. Expire Date	
I.D. Number		I.D. Issue Date		I.D. Number		I.D. Issue Date	
		<input type="checkbox"/> Issue ATM or Debit Card*				<input type="checkbox"/> Issue ATM or Debit Card*	

*Subject to approval and account balance requirements. A basic ATM card may be offered if the member is ineligible for the ATM/Visa Check Card.

ACCOUNT BENEFICIARY(IES)

☐ Payable on Death (POD) Account *(This Payable on Death designation applies to the accounts and sub-accounts, excluding IRAs, under this member account number)*

Beneficiary's Name and Address

Name (Please Print)		Date of Birth
Home Address		
City/State/ZIP Code		
Soc. Sec. No. or Tax ID No.	Relationship to Primary Member	Home Phone

Name (Please Print)		Date of Birth
Home Address		
City/State/ZIP Code		
Soc. Sec. No. or Tax ID No.	Relationship to Primary Member	Home Phone

TIN Certification and Backup Withholding Information

Under penalties of perjury I certify that:

(1) The number shown on this form is my correct taxpayer identification number, 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. person (including a U.S. resident alien).

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 a U.S. person.

X _____
Primary Member Signature Date

FOR CREDIT UNION USE ONLY

Open Date _____ FM Date _____

ID Verified by _____ (print initials)

PAGE 1 OF _____

Authorization (ALL ACCOUNT OWNERS MUST SIGN BELOW)

By signing below, I (we) agree to all terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. In addition to any other consent, I (we) authorize the credit union to check my account, credit, and employment history and obtain a credit report from third parties, including credit reporting agencies to verify my eligibility for accounts and services. I (we) acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provided, I (we) agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement

☐ I acknowledge additional joint owners and/or beneficiaries on the following page(s).

X _____
Primary Member Signature Date

X _____
Joint Owner #1 Signature Date

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