

Membership and Account Application



Eligibility Requirements

1. You are an employee of any company in the BHCU field of membership.
2. You are a relative of a Baptist Hospital Credit Union member as defined by BHCU's bylaws.

Section 1: Please indicate the type(s) of account(s) you wish to open/change:

- Share Savings Checking Type: _____ _____ _____
 Term Certificate Money Market Christmas/Vacation Club Account IRA ATM/VISA® Debit Card
 Online Banking/Audio Response Overdraft Protection

Section 2: Membership Eligibility: (Company Name or Name of Family Member) _____

Section 3: Account Type Individual Joint Trust Custodian/Guardian

Section 4: Member/Owner Information

Member Name _____ Home Phone _____
 SS# _____ - _____ - _____ EIN _____ - _____ Work Phone _____
 Residential Address _____ Mother's Maiden Name _____
 Apt #/City/State/Zip _____ Driver's License #/State _____
 Mailing Address (if different) _____ Date of Birth _____
 Apt #/City/State/Zip _____ Employer _____
 E-Mail Address _____

Section 5: Account Ownership (Designate the ownership of the accounts and responsibility for the services requested.)

- Joint Owner Trustee Custodian/Guardian Authorized Signatory Only Beneficiary/POD

Name 1 _____

SS# _____ - _____ - _____ Home Phone _____
 Residential Address _____ Work Phone _____
 City/State/Zip _____ Mother's Maiden Name _____
 Mailing Address (if different) _____ Driver's License #/State _____
 City/State/Zip _____ Date of Birth _____

- Joint Owner Trustee Custodian/Guardian Authorized Signatory Only Beneficiary/POD

Name 2 _____

SS# _____ - _____ - _____ Home Phone _____
 Residential Address _____ Work Phone _____
 City/State/Zip _____ Mother's Maiden Name _____
 Mailing Address (if different) _____ Driver's License #/State _____
 City/State/Zip _____ Date of Birth _____

****PLEASE INCLUDE A VALID DRIVER'S LICENSE COPY FOR ALL SIGNERS****

Section 6: TIN Certification, Backup Withholding Information, and Citizenship

- I am subject to backup withholding Exempt I am not a United States citizen or a resident (complete W-8BEN form)

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am **not**, unless designated above, subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. Furthermore, my signature certifies that I am a U.S. Person, including a U.S. Resident Alien.

Authorized Signature _____ Date _____

Section 7: Authorization

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time, which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and benefits requested herein. If an access card or EFT service is requested and provided, I/we agree not to use the card(s) until I/we have read and understand the agreement governing its use. I/We authorize Baptist Hospital Credit Union to request and obtain one or more credit reports about me/us from one or more credit reporting agencies for the purpose of considering my/our application for the Account, reviewing or collecting any account opened for me/us, or for any other legitimate business purpose. I/we authorize Baptist Hospital Credit Union to disclose information about my/our account to a credit reporting agency if my/our account is closed because I/we have abused it. The Internal Revenue Service does not require my/our consent to any provision of this document other than the certifications required to avoid backup withholding.

Member Signature _____	Date _____	Joint Owner/Other Signature _____	Date _____
Joint Owner/Other Signature _____	Date _____	Authorized Signatory _____	Date _____

For Credit Union Use Only:

Membership Verification _____ Processed Date _____ Credit Score _____
 Check Verification _____ Opened/Changed by _____ Account Number _____