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Money Magic Club Membership Application



Account # _____

TBA Rep. Initials _____ # _____ Date ____/____/____

Student _____ SS# _____ Birth Date ____/____/____

School Name _____ Teacher _____ Grade Level _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Joint Signer #1 _____ SS# _____ DOB ____/____/____

Address _____ City _____ State _____ Zip _____

Phone _____ Work/Mobile Phone _____ Email _____

Employer _____ Occupation _____

Driver's License # _____ DL # Expiration Date ____/____/____

Joint Signer #2 _____ SS# _____ DOB ____/____/____

Address _____ City _____ State _____ Zip _____

Phone _____ Work/Mobile Phone _____ Email _____

Employer _____ Occupation _____

Driver's License # _____ DL # Expiration Date ____/____/____

Joint Share/Checking Account Agreement (*Not Transferable): The TBA 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 said credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of 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 the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said 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 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 said credit union, which shall not affect transactions theretofore made.

I/We hereby authorize TBA Credit Union to reimburse itself for any check which it pays, to the extent by which such check exceeds the share balance in this account, by transferring sufficient shares from the above listed share accounts. Such advances shall be from the accounts shown above in the order listed and shall not reduce the balance in any Regular Share account below the par value of one share. Such transfers shall be subject to a service charge, as determined by TBA Credit Union from time to time.

T.I.N. Certification and Backup Withholding Information: INSTRUCTIONS TO SIGNER: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification below. Under the penalties of perjury, I certify that (1) the Taxpayer Identification Number (T.I.N.) shown on this form is my correct T.I.N. (or I am waiting for a T.I.N. to be issued to me; **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 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.

Authorization: By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, 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 Disclosure applicable to the accounts and services requested herein. If an ATM card or EFT service is required and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/we also authorize the Credit Union to conduct further investigation and obtain additional information concerning my credit reputation from all available sources from time to time. I/we agree to comply with the terms and conditions of open-end credit agreement which I/we have signed or may be required to sign and keep on file at the Credit Union. I/we agree that electronic, photo- and/or thermo-fax copies of documents and signatures I have signed are valid and enforceable as the originals. The minimum balance required to open a share account is \$5.00. In general, you must maintain a minimum daily balance of \$5.00 in your account to avoid a service fee. Unless waived by the credit union, if any day during the statement cycle your account falls below the required minimum daily balance, your account will be subject to a service fee of \$10.00 for that statement cycle. I/we agree that all advances made under this agreement will be secured by the shares and deposits in all individual and joint accounts you hold with the Credit Union now and in the future.

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 (*as defined in 12 CFR by the Membership Officer).

I hereby make application for membership in and agree to conform to By-Laws or any amendments thereof in the TBA CREDIT UNION.

Requirements

- Completed Application**
- Copy of Photo ID**
- Minimum \$5.00 Deposit**

**SIGN
HERE**

_____	_____
Owner's Signature	Date
_____	_____
Joint Owner's #1 Signature	Date
_____	_____
Joint Owner's #2 Signature	Date

Application approved by the Membership Officer Initials _____ Date _____ Opened by Initials _____ Date _____

