



Revised 5/2/16

APPLICATION FOR MEMBERSHIP

To open an account with Genisys Credit Union, you must meet membership eligibility requirements. Please print this 2 part form and fill it out completely using black ink.

WHEN BRINGING THE APPLICATION TO A BRANCH

Please bring the following with your application:

- Your unexpired driver’s license or state I.D. The driver’s license should be issued in the state you are applying and should indicate your current address.
- A copy of the unexpired driver’s license or state I.D. for any joint owners listed on the application.

WHEN APPLYING BY MAIL OR FAX:

FAX applications to our corporate office at (248) 322-6512 along with:

- A copy of your unexpired driver’s license or state ID
- An initial deposit of \$5 is required to open and maintain a membership and should be mailed to the credit union at the address provided below
- An initial deposit of \$5.00 is also required to open a checking account

MAIL applications to: **Genisys Credit Union**
 Attn: Contact Center
 P.O. Box 436034
 Pontiac, MI 48343-6034

IF YOU ARE ALSO REQUESTING A CHECKING ACCOUNT VIA FAX OR MAIL:

- Checks will be ordered with the names of all account owners and your mailing address.
- Check numbers will start at 1001
- **Please place an “X” next to “Checks Requested”** on the application, if checks should be ordered
- The price of the checks, approximately \$20.00 should be on deposit before the checks are requested

If you would like something other than this option, please provide the information you would like to be printed on the checks below. Current check order prices will apply. Please mail or fax this information with your request.

Starting Number for Checks: _____ (1001 if not specified).

Name (1)	
Name (2)	
Address	
City, State, Zip	
Additional Information	
Additional Information	

Please note: Driver’s license and social security number are **not recommended** for printing on check orders due to increased risk of identity theft.

New accounts will be verified with ChexSystems and a credit report.

Member Number _____



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 to you: when you open an account, we will ask 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 such as a credit report.

Account/Service Authorization

The below named hereby applies to open a savings account, in the credit union, and receive each of the services checked:

- Savings (Required for Membership, Minimum \$5.00 deposit)
- Checking (\$5.00 initial deposit required)
- Holiday Savings
- Money Market
- You Name It Savings
- Certificate Month Term
- Debit MasterCard
- Online Disclosures
- Online Banking
- Checks Requested

You will automatically be enrolled in eStatements & eNotices, unless you check here to opt out of these services. eStatements eNotices

Account Owner 1 Information

Owner Name _____
 Social Security No _____ DOB _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ Occupation _____
 Employer _____
 Driver's License _____ State _____ Exp. Date _____
 Other ID used to establish account _____
 U.S. citizen? Yes No If No, provide copy of passport
 E-mail _____

Account Owner 2 Information

Owner Name _____
 Social Security No _____ DOB _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ Occupation _____
 Employer _____
 Driver's License _____ State _____ Exp. Date _____
 Other ID used to establish account _____
 U.S. citizen? Yes No If No, provide copy of passport

Account Owner 3 Information

Owner Name _____
 Social Security No _____ DOB _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ Occupation _____
 Employer _____
 Driver's License _____ State _____ Exp. Date _____
 Other ID used to establish account _____
 U.S. citizen? Yes No If No, provide copy of passport

Beneficiary Information & Provisions

Upon death of the owner, or the last surviving owner if there is more than one, the funds covered by this agreement shall become property of the beneficiary(ies) listed below who are alive at the time. In addition, 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. The multiple name agreement (below) shall not apply to beneficiaries. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement. Beneficiary(ies) on You Name It Savings, Certificates, Holiday Savings and High Yield Money Market Account(s) will be the same as beneficiary(ies) on savings accounts unless otherwise specified in writing.

Beneficiary Name _____
 Social Security No _____ DOB _____
 Beneficiary Name _____
 Social Security No _____ DOB _____
 Beneficiary Name _____
 Social Security No _____ DOB _____

Multiple Name Agreement

The joint owners of this account hereby agree with each other and with the credit union that all sums now paid into this account by any or all of said joint owners, together with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship, and shall be subject to withdrawal or receipt by any of them. Payment in accordance with such proper demand shall be valid and shall discharge the credit union from any liability for such payment. The credit union is hereby authorized to recognize the signature(s) subscribed below in the payment of funds or the transaction of any business for this account. However, no individual may be removed as an owner of this account, except upon death, without that individual's consent. No beneficiary of this account may be changed except with the consent of all living owners.

The right or authority of the credit union under this agreement shall not be changed or terminated by any owner except by written notice to the credit union. Such notice shall not affect any transactions made prior to the receipt of the notice by the credit union.

Joint owner(s) on You Name It Savings, Certificates, Holiday Savings and High Yield Money Market Account(s) will be the same as joint owner(s) on savings accounts unless otherwise specified in writing.

Membership Agreement

I hereby make application for membership in Genisys Credit Union and agree to conform to its policies & procedures and to the terms of the account agreement as disclosed in the Truth and Savings Disclosure. I hereby subscribe to at least one share in Genisys Credit Union. Under penalties of perjury, I certify (1) that the number shown on this form is my correct Social Security Number, and (2) that I am exempt from backup withholding either because I have not been notified by Internal Revenue Service 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. (Strike out language in (2) if the IRS notified you that you are subject to backup withholding and have not received termination notification.) I am a U.S. person (including a U.S. resident alien). Your signature below is your acknowledgement of receipt of a copy of the account Terms & Conditions, Truth in Savings, Electronic Funds Transfer and Funds Availability disclosures. I/We agree to the terms & conditions of the account/service that I/We have applied for and the Multiple Name Agreement if applicable.

Account Owner 1 Signature _____ Date _____
 Account Owner 2 Signature _____ Date _____
 Account Owner 3 Signature _____ Date _____

Credit Union Use Only

New Membership Add Name Add/Change Beneficiary
 Membership Eligibility _____

Membership Officer _____ Emp. Init. Date _____ E-funds score _____