



Revised 9/5/18

### 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.**

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:

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

You will automatically be enrolled in the following services unless you check a box to opt out. E-Statements E-Notices E-Receipts

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
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Primary Member 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 / Existing Member# / eFunds U.S. citizen? Yes No If No, country of citizenship E-mail

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.

Joint 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 Relationship to Primary Other ID / Existing Member# / eFunds U.S. citizen? Yes No If No, country of citizenship E-mail

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.

Overdraft Policy/What you Need to Know About Overdraft/Overdraft Fees Disclosure

Primary Member Signature Date
Joint Owner 1 Signature Date
Joint Owner 2 Signature Date

Joint 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 Relationship to Primary Other ID / Existing Member# / eFunds U.S. citizen? Yes No If No, country of citizenship E-mail

Credit Union Use Only

Add Account Add Name Add/Change Beneficiary

Membership Officer

Emp. Init. Date