



# Norristown Bell Credit Union

"Saving Our Members Money"



## MEMBER APPLICATION

### Membership Sign-Up Instructions

Member Number: \_\_\_\_\_

1. Print this form and then complete the information required below.
2. Make sure all the information is filled out and that all applicant(s) have signed below.
3. When mailing this to NBCU, please include a photocopy of any applicant(s) driver's license(s) or other official I.D.
4. Include the initial minimum deposit of \$5.00 per share account and \$0.25 per applicant joining, made payable to yourself.

Individual Account

Joint Account With Survivorship

Primary Owner's Name \_\_\_\_\_

Joint Owner's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License # and State \_\_\_\_\_

Driver's License # and State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Address \_\_\_\_\_

Password for Phone Contact \_\_\_\_\_

Password for Phone Contact \_\_\_\_\_

### Beneficiary/POD Payee

Name \_\_\_\_\_

### Beneficiary/POD Payee

Name \_\_\_\_\_

Gender \_\_\_\_\_

Gender \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Relationship to Member \_\_\_\_\_

### ACCOUNT TYPE

Suffix #

Share/Savings \_\_\_\_\_

Share Draft/Checking \_\_\_\_\_

Share Certificate \_\_\_\_\_

Sub-Share/Savings \_\_\_\_\_

Vacation Club \_\_\_\_\_

Holiday Club \_\_\_\_\_

### ACCOUNT SERVICES

ATM Card: \_\_\_\_\_

Debit Card: \_\_\_\_\_

Online Banking: \_\_\_\_\_

TellerLine: \_\_\_\_\_

Overdraft Protection:  
From: # \_\_\_\_\_

Payroll/Direct Deposit: \_\_\_\_\_

Web Joint Access: **YES** or **NO**



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### TIN Certification and Backup Withholding Information

**Check only if applicable.**

- I am subject to backup withholding under the provisions of Section 3406(a) (1) (c) of the Internal Revenue Code.
- Exempt
- I am not a United States citizen or resident. (Must complete W-8 or W-8 BEN form)
- I am a European Union citizen or dual US/EU citizen that studies, travels or lives in the EU part time
- I am a US citizen that resides in the EU part time

### Membership Eligibility

Check all that apply:

- Primary  Joint I have a family member who is a member of NBCU
- Primary  Joint I live in Montgomery County, PA
- Primary  Joint I work in Montgomery County, PA
- Primary  Joint I volunteer in Montgomery County, PA
- Primary  Joint I worship in Montgomery County, PA
- Primary  Joint I attend school in Montgomery County, PA
- Primary  Joint I own a business in Montgomery County, PA

Business Name & Address: \_\_\_\_\_

### How did you hear about NBCU?

- Referred by a family member Name: \_\_\_\_\_
- Referred by a friend Name: \_\_\_\_\_
- Drove by and saw sign
- Google search
- Find a credit union, Love my credit union or other credit union search engines
- Other Please explain: \_\_\_\_\_

*Under penalty of perjury, I hereby certify that all of the information provided on this form is true, correct and complete. From time to time, you (NBCU) are permitted to obtain my credit report in conjunction with any application as well as authorize to submit to ChexSystems for verification purposes. I hereby make application for membership to NBCU and agree to conform to its bylaws and amendments thereof and subscribe for one share. 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 and to any amendment(s) NBCU makes from time to time, which are incorporated herein. Please note that all joint accounts are titled with rights of survivorship.*

Signature of Primary Owner \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Joint Owner \_\_\_\_\_

Date: \_\_\_\_\_

### FOR CREDIT UNION USE ONLY

Account Opened By: \_\_\_\_\_ Date \_\_\_\_\_

Account Checked By: \_\_\_\_\_ Date \_\_\_\_\_

ChexSystems Authorization completed [  ] Inquiry ID \_\_\_\_\_

Accept [  ] Decline [  ] Reason: \_\_\_\_\_

Last Updated 9/18/17 LEL