

Office Use:	
Staff Initials _____	Date _____
Approved by: _____	<input type="checkbox"/> Membership Officer
	<input type="checkbox"/> Executive Committee
X _____	Date _____
Signature of Above	

MEMBERSHIP & ACCOUNT APPLICATION

MEMBERSHIP ELIGIBILITY

Membership Eligibility: Live, Work, Worship, or Attend School in Chester County Existing Member Promotion: _____

PERSONAL INFORMATION

Name _____ Social Security # _____ Birth Date _____ Gender: M F
 Street Address _____ City _____ State _____ Zip _____ Driver's License # & State _____
 Primary Phone _____ Alternate Phone _____ Email Address _____
 Mother's Maiden Name _____ Employer's Name & Address _____

SERVICES REQUESTED

Basic Savings Account – only use to open minor accounts or Savings only relationship (no checking) & requires \$5.00 initial deposit to open & maintain Savings
 Basic Checking Account – only use to open secondary checking relationship (already have an Ultimate Checking relationship)
 NetTeller (required)
 eStatements (required)
 Overdraft Protection from your Savings Account Overdraft Protection from a Line-of-Credit (complete a Loan Application)
 Information to be printed on checks (please print clearly)
 1. _____
 2. _____

Debit Card (Checking Account required) PIN (Personal Identification Number - 4 digits) [_____] (select all #s for PIN #)
 ATM Card PIN (Personal Identification Number) - 4 digits [_____] (select all #s for PIN #)
 High Yield Money Maker Account High Yield Savings Account Money Market Account Vacation Club Holiday Club

For Direct Deposit to your Benchmark Account, please contact your Payroll Department & provide BFCU's Routing # 231386629

JOINT OWNER(S) INFORMATION

Name _____ Social Security # _____
 Birth Date _____ Driver's License # & State _____ Gender: M F
 Name _____ Social Security # _____
 Birth Date _____ Driver's License # & State _____ Gender: M F

TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

This section to be completed by the primary member. If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee under-reporting 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. **Certification of Taxpayer Identification Number:** Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number, (2) that I am not subject to withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen (including a U.S. resident alien).

X _____ Date _____
Primary Member's Signature required, must be notarized if not signed in the presence of a Credit Union Employee

MEMBER'S SIGNATURE

Membership Authorization: I hereby make application for membership in Benchmark Federal Credit Union and agree to conform to its bylaws and amendments thereof, and to subscribe for at least one (1) share. I further request the services listed herein/any future services and agree to be bound by the terms of the appropriate account agreements, which have been provided to me.

If I am applying for an ATM Card, Debit Card, and/or a Share Draft (Checking) Account, I authorize Benchmark Federal Credit Union to obtain information concerning my checking account check-cashing history, and to obtain a credit report. I understand that Benchmark Federal Credit Union is not obligated to open a Share Draft (Checking) Account if the information obtained is not satisfactory.

If I choose to have a Joint Owner(s) on this account, I understand that they will be joint on every share account, excluding IRAs and Loans, under this account number.

X _____ Date _____
Primary Member's Signature required, must be notarized if not signed in the presence of a Credit Union Employee

Joint Owner(s) Authorization: I agree to be bound by terms of the appropriate account agreements, which have been provided to me for the services selected.

1. _____ Date _____
Joint Owner's Signature required, must be notarized if not signed in presence of Credit Union Employee

2. _____ Date _____
Joint Owner's Signature required, must be notarized if not signed in presence of Credit Union Employee

***ATTACH A COPY OF DRIVER'S LICENSE FOR ALL PARTIES APPLYING FOR MEMBERSHIP AND ALL SIGNATURES MUST BE NOTARIZED, IF NOT SIGNED IN THE PRESENCE OF A CREDIT UNION EMPLOYEE.**