

Checking and Savings Account Application

To speed up the processing of your application, please follow these steps:

1. Fill out the application completely and sign it. **Incomplete, unsigned, or illegible applications will result in delays.**
2. Return your application with a check or money order for your initial deposit (if applicable), and copies of Joint Owner identification (if applicable) by mail to:

**Digital Federal Credit Union
New Accounts Department
220 Donald Lynch Boulevard, PO Box 9130
Marlborough, MA 01752-9130**

If minimum opening deposit is made through electronic check or existing DCU account transfer, you may fax your completed application and copies of your identification to 508.207.9301 or email them to **accountopening@dcu.org**.

NOTE: Emails sent to the address above are not encrypted, so you should not use that email to send Account numbers or other personal information.

If you are not yet a DCU member, DO NOT USE THIS FORM. You must complete a Membership Application before opening accounts. You can open accounts with the Membership Application as you join DCU.

What you can expect

If submitting your application electronically, please allow 3-5 business days for the following:

- Your request to be processed. We will send you an email confirmation once your request is completed. You will be able to view your new account in Online or Mobile Banking at that time.
- To receive a copy of DCU's Account Agreement for Consumers and Schedule of Fees and Service Charges, if requested. These disclosures are also available online from our website at dcu.org and in our branches.

If you are opening a DCU Free Checking account, please also...

- Allow 7-10 days for your DCU Visa® Debit or DCU ATM Card to arrive.

NOTE: Application submission via standard mail will increase processing time.

Did you know that you can speed up processing times by completing your application to open a new Checking or Savings Account online at **www.dcu.org**?

Checking and Savings Account Application

Instructions: Complete only the sections applicable to you. In all cases, you must sign this form. If there will be a joint owner on any account you are opening, they must also sign.

Primary Owner Information

Membership Number (Existing DCU Members Only): _____

Primary Owner's Legal First Name

Middle Initial

Last Name

Date of Birth

SSN

Accounts and Services

Please check all that apply. Check "Individual" for the accounts or services you are requesting in your name only and "Joint" ONLY when you want the account or service accessible to the person listed under Joint Owner Information.

Individual Joint

☐☐

Free Checking* (no minimum to open) \$ _____
I have read the Disclosure on the last page of this application and would like to: Opening Deposit

☐

Opt-in to Overdraft Payment Service (Full)

☐

Opt-in to Overdraft Payment Service (Basic) but do not want DCU to authorize and pay overdrafts for my everyday debit card transactions processed outside of the PIN network.

(I understand that I will receive an acknowledgment of this request in 2 business days.)

☐☐

FREE DCU VISA® Debit Card (checking account required) **or**

☐☐

DCU ATM Card

Individual

Joint

☐☐**Advantage Savings Account**

\$

Opening Deposit

NOTE: The Advantage Savings account is an interest-earning sweep account where a portion of the account balance is automatically swept out to FDIC insured deposit accounts held at participating financial institutions throughout the country while you maintain access to the full balance in the account. Please refer to DCU's Advantage Savings Terms and Conditions for important information and disclosures regarding the Advantage Savings account.

☐☐**Money Market** (\$1,000.00 minimum balance to earn dividends)

\$

Opening Deposit

☐☐**Member Described Account**

\$

Opening Deposit

Requested account name: _____
(Example: Vacation Savings, Saving for Car, etc.)

☐☐**Holiday Club**

\$

Opening Deposit

Transfer \$_____ from my DCU Checking Account each month (\$20.00 minimum)

Transfer \$_____ from my Savings Account each month (\$20.00 minimum)

*Upon approval

Opening Deposit

Opening Deposit Selection (select one):

☐

Existing DCU Account Transfer (NOTE: You must be Primary or Joint Owner of the account)

Member Number _____ Share Number ____

☐

Electronic Check (NOTE: You must be an owner on this account)

MAXIMUM DEPOSIT LIMIT OF \$250

Name on account

Routing Number

Account Number

Institution Name

Account Type ☐ Checking ☐ Savings

Institution Address

City

State

Zip

I hereby authorize the initiation of a one-time debit from my account at the financial institution named above through the Automated Clearing House (ACH) system and authorize said institution to debit my account for the amount set forth above. I acknowledge that this request does not violate the provisions of United State law as it applies to ACH transactions. I also authorize adjustment entries in the event of erroneous transactions on my account. I agree to hold DCU harmless for any expenses, including fees, incurred as a result of its inability to process a scheduled preauthorized withdrawal due to my having supplied incorrect information; its having acted on a stop payment order; or there being insufficient funds in the account I have indicated. **Initials:** _____

☐ Check or Money Order (NOTE: Must be enclosed with application to avoid processing delays)

Total Opening Deposit \$ _____

Joint Owner Information

IMPORTANT INFORMATION: Unless you are already a member, we are required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a DCU Account. We will ask for your legal name, residential address, Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), Phone Number, and Date of Birth. **REQUIRED IDENTIFICATION:** No individual can be named on this account in any capacity without having provided the following current identification, one of which must include a picture and one of which must reflect the Individual's current residential address as given. If one of these forms of identification includes both you need only submit that one:

- Valid US Driver's License
- US Social Security Card
- Passport
- Utility Billing Statement
- US Military ID
- US Work Visa
- Other Picture ID Issued by US Federal, State, or Local Government
- 2nd form of identification always required with Federal, State or Local ID card

NOTE: If Joint Owner is under the age of 18, please provide a true copy of their US Social Security Card or Birth Certificate.

DCU reserves the right to require additional information.

If you are already a DCU member, you are not required to provide the **REQUIRED IDENTIFICATION**, but you must provide your DCU Member #, Legal Name, and SSN below.

Membership Number (Existing DCU Members only): _____

Legal First Name

Middle Initial

Last Name

Date of Birth

SSN☐ Male☐ Female

Occupation

Use specific description such as doctor, carpenter, attorney, plumber, truck driver, hardware store, etc. If occupation is self-employed, retired, or unemployed, add the former profession if known. Example: Retired plumber.

Residential Address

City

State

Zip

Mailing Address (if different than residential address)

City

State

Zip

Home phone

Cell phone

Work phone

Email address**AGREEMENT**

By signing below, I, meaning each and all who sign this form, request the accounts and services listed above and agree that, except as indicated on this form, the information set forth in my initial membership application remain in full force and effect. I hereby agree to conform to the Digital Federal Credit Union's bylaws and the terms and conditions of the Account Agreement for Consumers and the Schedule of Fees and Service Charges which are incorporated by reference whether applicable to products and services I am currently requesting or request in the future. By signing this application, I authorize you to gather and exchange whatever credit, checking account, and employment information you consider appropriate from time to time. If I, the Primary Owner, am under 17 years of age, I understand that I must have a parent or guardian of legal age as Joint Owner on any checking accounts I have with DCU. I certify that the information provided on this application is true, correct, and complete.

Primary Owner's Signature

Date

Joint Owner's Signature

Date

Please sign this application. Typed names will not be accepted unless verified as a digital signature.

☐ Please send me a copy of the Account Agreement for Consumers and the Schedule of Fees and Service Charges.

Internal Use Only



Rec'd

Proc By #

Verified By #

SDC #

Documents used to validate Primary Owner's signature

ID Type

ID Number

Issue Date

Expiration Date

Additional Documentation obtained (if required)

Documents used to validate Joint Owner's signature (if existing DCU Member)

ID Type

ID Number

Issue Date

Expiration Date

Additional Documentation obtained (if required)