

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.

Membership Information

Membership Number (Existing DCU Members Only): _____

Primary Owner's Name/Account Title

Social Security or Tax ID #

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.

NOTE: Accounts opened under Trust or Fiduciary memberships are accessible only to the existing authorized account individuals. "Individual" must be selected for these membership types.

Individual Joint

Free Checking* (no minimum to open)

\$ _____

Opening Deposit

I have read the Disclosure on the last page of this application and would like to:

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

<input type="checkbox"/>	<input type="checkbox"/>	Smart Savings Account	\$ _____
NOTE: The Smart Savings account is an interest earning sweep account where a portion of the account balance is automatically swept out to accounts held at participating FDIC and/or NCUA insured banks and/or credit unions throughout the country while you maintain access to the full balance in the account. Please refer to DCU's Smart Savings Terms and Conditions for important information and disclosures regarding the Smart Savings account.			
<input type="checkbox"/>	<input type="checkbox"/>	Advantage Savings Account	\$ _____
Opening Deposit			
<input type="checkbox"/>	<input type="checkbox"/>	Money Market (\$1,000.00 minimum balance to earn dividends)	\$ _____
Opening Deposit			
<input type="checkbox"/>	<input type="checkbox"/>	Member Described Account	\$ _____
Requested account name: _____ (Example: Vacation Savings, Saving for Car, etc.)			
Opening Deposit			

*Upon approval

Opening Deposit

Opening Deposit Selection (select one):

- Existing DCU Account Transfer (NOTE: You must be an owner or Authorized Individual of the account)
Member Number _____ Share Number _____
- Electronic Check (NOTE: You must be an owner or Authorized Individual of the 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 (Not Applicable for Trust/Fiduciary Memberships)

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

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

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/Authorized Individual'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 applicable Account Agreement and the Schedule of Fees and Service Charges.