

Date: _____

Member Application and Ownership Information

*Please complete entire application.
Incomplete applications will not be considered.*

Designate the ownership of the accounts and responsibility for the services requested.

Individual

Joint Account

Name of Joint Member: _____

SSN: _____ Date of Birth: _____

Member/Owner:

SSN/TIN:

Street:

Drivers Lic. No:

State of Issuance:

City/State/Zip:

Issue Date:

Expiration Date:

Home Phone:

Date of Birth:

County of Residence:

Cell Phone:

US Citizen: Yes No

Any judgments against you? Yes No

If yes, total amount: \$ _____

Filed for bankruptcy within last 7 years?

Yes No If yes, year filed: _____

County/State: _____

E-mail Address:

Mother's Maiden Name:

Select One: Own/Payment: \$ ____/mo. Rent/Payment: \$ ____/mo. Landlord/Mortgage Name: _____

Landlord/Mortgage Address: _____

Landlord/ Mortgage Phone: _____

Previous address if under 2 years:

Length at previous address: Years _____ Months _____ **Marital Status** Married Single

Current Employment

Employer:

Job Title:

Street Address:

Phone number:

City/State/Zip:

Hire date:

Income:

Self Employed? Yes No

Previous employer if under 2 years: _____

Address: _____

Contacts *(not living at Member's address)*

Please list 2 family members and friend (this is in case we need to reach you)

Family #1:

Friend:

Street Address:

Street Address:

City/State/Zip:

City/State/Zip:

Phone:

Phone:

Family #2:

Additional Contact (Optional):

Street Address:

Street Address:

City/State/Zip:

City/State/Zip:

Phone

Phone:

Terms and Conditions

I/We understand and agree that payment of any withdrawal shall be subject to the bylaws of TACU Credit Union, any restrictions or limitations imposed by the applicable law, and these and other terms and conditions disclosed for this account as amended from time to time. I/We grant TACU Credit Union a security interest in this account to secure all obligations any of us may owe to TACU Credit Union, now or in the future, and consent to the TACU Credit Union applying any amount held in the account to the debt(s) to TACU credit Union of any party(ies) to the account. This account is nontransferable and shall earn dividends as determined by the policy of the TACU Credit Union board of directors. Any P.O.D. or joint account survivorship feature of this account shall apply without regard to any requirement to survive an event by any specified period.



TACU Credit Union
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PO Box 940 ▪ Tomah, WI 54660
Ph: 608.372.4736 ▪ Fax: 608.372.4394
www.tacunionline.com

<p>I/we certify the attached profile information has been supplied truthfully, accurately and voluntarily, and therefore authorize this credit union to investigate our creditworthiness, credit history and financial responsibility through any credit bureau or by any other reasonable means. I/we understand and agree that I/we and each person who holds an additional card issued to me/us, and any person to whom the card is given, may access each account through the Visa Check Card. I/we agree that if any Visa Check Card sent to me/us is used, I/we will comply with the Visa Check Card rules and disclosure which have been given to me/us.</p>	
<p>X _____ Member/Owner Signature Date</p>	<p>X _____ Joint Owner Signature Date</p>
<p>X _____ Witness's Signature Date</p>	

If your signature is not witnessed by a credit union employee, this form needs to be notarized.

(Continued on next page)

ACKNOWLEDGEMENT:

STATE OF: _____)
 _____) SS. _____
 COUNTY OF: _____)

This instrument was acknowledged before me this _____ day of _____, _____
 by _____ and _____.

(Seal)

X _____
 (Notary Public)

My commission expires: _____