



P.O. Box 51700
Livonia, MI 48151-5700

MEMBERSHIP APPLICATION

Member Number:	Account Number:
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Single <input type="checkbox"/>	Joint <input type="checkbox"/>	Organization <input type="checkbox"/>
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APPLICANT INFORMATION

Primary Member Name:				
Date of Birth:		Taxpayer ID:		
Current address:		City:	ST:	ZIP:
Mailing Address (if different):		City:	ST:	ZIP:
Home/Landline Phone:		Mobile Phone:		Work Phone:
Email:		Employer:		Occupation/Job Title:
ID Type:	ID Number	Place Issued:	Date Issued:	Exp. Date:

JOINT OWNER #1 INFORMATION WITH RIGHTS TO SURVIVORSHIP

Joint Owner Name:				
Date of Birth:		Taxpayer ID:		
Current address:		City:	ST:	ZIP:
Mailing Address (if different):		City:	ST:	ZIP:
Home/Landline Phone:		Mobile Phone:		Work Phone:
Email:		Employer:		Occupation/Job Title:
ID Type:	ID Number:	Place Issued:	Date Issued:	Exp. Date:

JOINT OWNER #2 INFORMATION WITH RIGHTS TO SURVIVORSHIP

Joint Owner Name:				
Date of Birth:		Taxpayer ID:		
Current address:		City:	ST:	ZIP:
Mailing Address (if different):		City:	ST:	ZIP:
Home/Landline Phone:		Mobile Phone:		Work Phone:
Email:		Employer:		Occupation/Job Title:
ID Type:	ID Number:	Place Issued:	Date Issued:	Exp. Date:

DESIGNATION OF BENEFICIARY

Beneficiary #1:		Relationship:	Taxpayer ID:	Date of Birth:
Address	City	State:	ZIP:	
Beneficiary #2:		Relationship:	Taxpayer ID:	Date of Birth:
Address	City	State:	ZIP:	
Beneficiary #3		Relationship	Taxpayer ID:	Date of Birth:
Address	City	State:	ZIP:	

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and*
- (2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- (3) *I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
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AUTHORIZATION

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Membership Application, and are subject to the terms and conditions of the applicable disclosures noted above. I/we authorize Zeal Credit Union to obtain consumer reports for the purposes of evaluating this membership application and reviewing any Zeal Credit Union accounts I/we open.

I/we authorize Zeal Credit Union to obtain consumer reports for the purposes of evaluating this membership application and reviewing any Zeal Credit Union accounts I/we open. I/we understand these reports may be used in decisions to deny deposit account applications, close deposit accounts, and/or restrict deposit accounts or services.

I/we also authorize Zeal Credit Union to obtain a consumer credit report to evaluate my/our creditworthiness so that I/we may be considered for Zeal Credit Union credit products and services. I/we understand these reports will not be used to evaluate my/our membership eligibility for deposit accounts and/or services.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member/Owner	Date
X	

Joint Owner/Authorized Signer	Date
X	

Joint Owner/Authorized Signer	Date
X	

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened/Approved By: _____ Membership Eligibility: _____

Member Verification: _____

Verification List(s) Checked: OFAC Other: _____

List Verification Completion Date: _____ By: _____

Reports Checked: Credit Report Check Verification Report Other: _____

Overdraft Protection Opt-in Completion Date: _____