

Membership Application

Eligibility: Live, work, worship, volunteer or attend school in the counties of Adams, Cumberland, Dauphin, Lancaster, Lebanon, Perry and York, Pa. as well as businesses and other legal entities and members of immediate family or households and organizations and/or associations of such persons are eligible for membership.

MBR 0017.599 Rev 06.2021

U.S.A. Patriot Act Identity Verification Notice - Important Information Regarding Opening a Belco Community Credit Union Account - To help our government fight the funding of terrorism and stop money-laundering activities, Federal law requires all financial institutions, including Belco Community Credit Union, to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, Taxpayer Identification Number (TIN) (usually your Social Security Number) and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying document(s). The law requires us to maintain records of the identification verification and periodically update this information.

			Acco	unt #	
Eligibility for Membership	How did you learn ab	oout Belco?			
Primary Member Name First – Middle – Last			SSN	Date of Birt	:h
Physical Street Address (Required)		City		State	Zip
Mailing Address (If different)		City		State	Zip
Home Phone Cell Phone ☐ I certify that I am a Citizen or Permanent Resi	Email Address dent of the U.S		ID Type	State ID	Number
Employer Name				Work Phon	e
int Owner Name First – Middle – Last			SSN	Date of Birth	
Street Address		City		State	Zip
Home Phone Work Phone I certify that I am a Citizen or Permanent Resi	Eligibility for Membe dent of the U.S	rship	ID Type	State ID	Number
int Owner Name First – Middle – Last			SSN	Date of Birth	
Street Address		City		State	Zip
Home Phone Work Phone □ I certify that I am a Citizen or Permanent Resi	Eligibility for Membe	rship	ID Type	State ID	Number
☐ Apply for Checking Account Service					
Plastic Card Services	ust have a Checking accou	nt) 🛘 ATM Card 🗘 Che	eck here to receive addition	al card in Joint Own	er(s) name
Under Penalty of perjury, I certify that (1) the tax (2) I am not subject to backup withholding becau dividends or (3) the IRS has notified me that I am	ise I have not been notifie	d that I am subject to backup	•		
The undersigned hereby applies for membership thereto. I/we have received a copy of the disclossubject to approval. I/we authorize the credit ur to obtain consumer reports on me/us to share in person, association, firm or corporation to furnis authorizes the credit union to accept a facsimile original signature. Each signer agrees to accept a	sures for the account(s) I/v nion to verify any informati formation concerning my/ h on request of this credit copy of this document and	we are opening and agree to ion provided on this applicat our performance under thes union, information concernidagrees that each party's sig	the provisions therein and it ion, to inquire of my/our rese account relationships witing my/our affairs. Each par nature thereon shall have le	understand other se ferences and accou h third parties. I/we ty who signs this do	ervices may be nt relationships e authorize any ocument
(X			
rimary Member Signature	Date	Joint Owner Signature		Date	

Date

Joint Owner Signature