



P.O. Box 140, Battle Creek, MI 49016
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 www.kelloggfcu.org

Membership/Lending Application and Plan Signatures

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member: <u>Name</u>		MEMBER NO:
Designate the ownership of the accounts and responsibility for the services requested.		Purpose: _____
<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Account with Survivorship	_____
Street _____	SSN/TIN _____	
City/State/Zip _____	Driver's Lic. No: _____	
Home Phone () _____	Date of Birth _____	
Work Phone () _____	Mother's Maiden Name _____	
E-mail _____	Membership Eligibility <u>Pennfield High School</u>	
Employer _____		

ACCOUNT OWNERSHIP

Joint Member/Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone () _____	Mother's Maiden Name _____
Work Phone () _____	Membership Eligibility _____
E-Mail Address _____	Employer _____

Joint Member/Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone () _____	Mother's Maiden Name _____
Work Phone () _____	Membership Eligibility _____
E-Mail Address _____	Employer _____

MEMBERSHIP ELIGIBILITY

To join the Kellogg Community Federal Credit Union you must meet the membership requirements including purchase and maintenance of at least one (1) share as set forth in the Credit Union's Bylaws. You authorize us to check your account, credit and employment history, and obtain reports from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services requested.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to verify and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Parent Signature _____ Date _____

Student Signature _____

RETURN APPLICATION TO:

OR Return application to the Student Run Credit Union at school

