

MEMBERSHIP APPLICATION CHILDRENS ACCOUNT (FOR STUDENTS 12 YEARS OF AGE AND YOUNGER)

TO OPEN A CHILDREN'S ACCOUNT, PARENT OR GUARDIAN MUST BE 18 YEARS OR OLDER AND HAVE A PHYSICAL U.S. ADDRESS, A SOCIAL SECURITY NUMBER OR INDIVIDUAL TAX IDENTIFICATION NUMBER, AND A VALID GOVERNMENT ISSUED PHOTO ID. IF THE ADDRESS ON YOUR ID IS DIFFERENT THAN YOUR CURRENT ADDRESS, YOU WILL NEED TO PROVIDE PROOF OF YOUR CURRENT ADDRESS. (UTILITY BILL, LEASE CONTRACT, MEDICAL BILL, ETC).

PARENT INFORMATION

FEDERAL LAW REQUIRES THAT FINANCIAL INSTITUTIONS OBTAIN AND VERIFY PERSONAL INFORMATION IN ORDER TO OPEN AN ACCOUNT. LCCU WILL NEVER SHARE YOUR IDENTITY INFORMATION WITHOUT YOUR PERMISSION.

*First Name:	*Middle Name:	*Last Name:
--------------	---------------	-------------

If the name on your social security or ITIN card differs from the one above, please enter it here:

*Current address (no PO Box):	*City:
-------------------------------	--------

*State:	ZIP Code:	At this address since (mm/yyyy):
---------	-----------	----------------------------------

If your mailing address differs from The one above, please enter it here:

*SSN/ITIN:	*Phone #:	*Email:
------------	-----------	---------

*Occupation:	*Annual Household Income: \$
--------------	------------------------------

*Date of birth: (mm/dd/yyyy):	*ID type and issuer:
-------------------------------	----------------------

* ID number:	* Issue Date (mm/dd/yyyy):	* Expiration date (mm/dd/yyyy):
--------------	----------------------------	---------------------------------

***TO COMPLETE THE ACCOUNT DOCUMENTATION, WE REQUIRE A COPY OF YOUR GOVERNMENT-ISSUED, UNEXPIRED PHOTO ID, PROOF OF ADDRESS IF REQUIRED, AS WELL AS YOUR SIGNATURE ON THE ACCOUNT SIGNATURE CARD. PLEASE SUBMIT A COPY OF YOUR PHOTO ID BY CLICKING ON THE ICON ON THE RIGHT.**

***IF THE ADDRESS ON YOUR LICENSE OR ID IS DIFFERENT THAN YOUR CURRENT ADDRESS, YOU WILL NEED TO PROVIDE PROOF OF CURRENT ADDRESS SUCH AS A UTILITY BILL OR YOUR LEASE CONTRACT. PLEASE SUBMIT A COPY BY CLICKING ON THE ICON ON THE RIGHT.**

CHILD INFORMATION

*First Name:	*Middle Name:	*Last Name:
--------------	---------------	-------------

If the name on your child's social security or ITIN card differs from the one above, please enter it here:

*Date of birth: (mm/dd/yyyy):	*SSN/ITIN:
-------------------------------	------------



SECURITY QUESTIONS*

Please select six questions from the following list. They will be used for future identification purposes and are requested from each member. Answer cannot exceed 25 characters. Answers are not case sensitive; however, the following special characters are not allowed: ` % ; { } \ &. Each answer must be unique and only one word. All answers should be easy to remember.

Place of birth	City of birth
County of birth	City where you were married
Month of your marriage	City of your high school
Last name of your childhood doctor	Favorite musical instrument
Favorite vacation spot	Childhood residence street number
Favorite pet	Favorite color
Favorite holiday	Name of your favorite pet
Your first car	Favorite food
High School mascot	Make of your first car
High School graduation year	Name of your elementary school
Father's middle name	Favorite class in school



SIGNATURE

I / we authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. I (or we), as depositor(s) have read and reviewed the [Rules and Regulations](#), [Privacy Policy](#) and [Fees](#) governing this account and these services and agree to adhere to same. It is agreed that any and all accounts which I now have or may at any future time have which reference this account will be governed by this signature authority. With respect to joint accounts (all of which have the right of survivorship), any of us has the full power and authority to authorize any additional accounts which reference this signature authority. I also certify that I am eligible for membership in the Credit Union and that the ownership of the account(s) being requested is valid under the current by-laws of the Credit Union. Since the eligibility criteria for membership requires me (us) to be a member of Latino Community Development Center (LCDC), a non-profit organization, I authorize the Credit Union to disclose my (our) present and any future names, addresses, and other contact information to LCDC for the purpose of establishing or maintaining membership in that organization or otherwise.

With respect to Payable on Death (POD) Accounts: I (or we) understand that by establishing a Personal Agency account under the provisions of North Carolina General Statute 54-109.57A that: 1. During my (or our) lifetime I (or we), individually or jointly, may withdraw the money in the account; and 2. By written direction to the Credit Union, I (or we), individually or jointly, may change the beneficiary or beneficiaries; and 3. Upon my (or our) death, the money remaining in the accounts will belong to the beneficiary or beneficiaries, and the money will not be inherited by my (or our) heirs or controlled by will.

Under penalties of perjury, the depositor(s) certifies that I am a US person (including a US resident alien). I further certify that the tax payer identification number (TIN) listed for this account and for any accounts I now have or may have at any future time have which reference this account is correct for the depositor and that the depositor is not subject to backup withholding either because the depositor has not been notified that the depositor is subject to backup withholding as a result of a failure to report all interest or dividend, or the Internal Revenue Service has notified the depositor that the depositor is no longer subject to backup withholding. The Internal Revenue Service does not require the depositor's consent to any provisions on this document other than the certifications required to avoid backup withholding.

By signing my name, I certify that all of the information furnished on this application form is true and correct to the best of my knowledge and I accept the Terms and Conditions described above. In addition, I certify that I have entered my name exactly as it shows on my social security card. Also, I authorize the Credit Union to verify my identity, address, and other information that I have provided in this application and obtain if necessary a current credit report, or to make any credit investigations necessary to verify these statements.

I voluntarily consent to authorize Latino Community Credit Union (LCCU) to release information that can include: Social Security number, ITIN, income, account balances and payment history, account transactions and mortgage rates and payments to Student U.

I understand that while being in this program I will abide by Latino Community Credit Union's (LCCU) regulations in regards to all financial account(s) opened with Latino Community Credit Union (LCCU) during my time with Student U.

*Signature of applicant:	*Date:
--------------------------	--------

NOTE: *Required Field

