



# 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.

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

**Account #**

Eligibility for Membership \_\_\_\_\_ How did you learn about Belco? \_\_\_\_\_

Primary Member Name First – Middle – Last \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Street Address (Required) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_ ID Type \_\_\_\_\_ State \_\_\_\_\_ ID Number \_\_\_\_\_

I certify that I am a Citizen or Permanent Resident of the U.S

Employer Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Joint Owner Name First – Middle – Last \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Eligibility for Membership \_\_\_\_\_ ID Type \_\_\_\_\_ State \_\_\_\_\_ ID Number \_\_\_\_\_

I certify that I am a Citizen or Permanent Resident of the U.S

Joint Owner Name First – Middle – Last \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Eligibility for Membership \_\_\_\_\_ ID Type \_\_\_\_\_ State \_\_\_\_\_ ID Number \_\_\_\_\_

I certify that I am a Citizen or Permanent Resident of the U.S

Apply for Checking Account Service

Plastic Card Services  Visa® Check Card (must have a Checking account)  ATM Card  Check here to receive additional card in Joint Owner(s) name

Under Penalty of perjury, I certify that (1) the tax identification number (social security number) shown on this form is my correct taxpayer identification number and (2) I am not subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends or (3) the IRS has notified me that I am no longer subject to backup withholding.

The undersigned hereby applies for membership in Belco Community Credit Union and if accepted I/we agree to conform to the bylaws and any amendments thereto. I/we have received a copy of the disclosures for the account(s) I/we are opening and agree to the provisions therein and understand other services may be subject to approval. I/we authorize the credit union to verify any information provided on this application, to inquire of my/our references and account relationships, to obtain consumer reports on me/us to share information concerning my/our performance under these account relationships with third parties. I/we authorize any person, association, firm or corporation to furnish on request of this credit union, information concerning my/our affairs. Each party who signs this document authorizes the credit union to accept a facsimile copy of this document and agrees that each party's signature thereon shall have legal force and effect as that party's original signature. Each signer agrees to accept any risk associated with the credit union's acceptance of a facsimile signature.

X \_\_\_\_\_ X \_\_\_\_\_  
Primary Member Signature Date Joint Owner Signature Date

X \_\_\_\_\_  
Joint Owner Signature Date