



www.belco.org

Account # _____

Account Revision Miscellaneous Revisions

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.

Primary Member Information:

Primary Member Name First – Middle – Last		SSN	Date of Birth
Physical Address		City	State Zip
Mailing Address		City	State Zip
Home Phone	Work Phone	Cell Phone	Driver's License # State Exp
Email Address			

Apply for Checking Account Service. Please check one box (below for Overdraft Protection on your checking account):

- | | |
|---|--|
| <input type="checkbox"/> Regular Savings Only (up to 6 OD/month*) | <input type="checkbox"/> Regular Savings First (up to 6 OD/mo*), then LOC** (unlimited/mo) |
| <input type="checkbox"/> Line of Credit** Only (unlimited/month) | <input type="checkbox"/> LOC** First (unlimited/mo), then Regular Savings (up to 6 OD/mo*) |

Change to Overdraft Protections

- | | | | |
|---|--|---|---|
| Check one: | <input type="checkbox"/> Add Overdraft Protection | <input type="checkbox"/> Change Overdraft Protection | <input type="checkbox"/> Delete Overdraft Protection |
| <input type="checkbox"/> Regular Savings Only (up to 6 OD/month*) | <input type="checkbox"/> Regular Savings First (up to 6 OD/mo*), then LOC** (unlimited/mo) | | |
| <input type="checkbox"/> Line of Credit** Only (unlimited/month) | <input type="checkbox"/> LOC** First (unlimited/mo), then Regular Savings (up to 6 OD/mo*) | | |

*Refer to Understanding Your Account brochure

**A Line of Credit is required to select this option and overdraft from Line of Credit must be within the established credit line

Phone Pass Code: _____ This is required to make any telephone inquiries regarding the account.

Plastic Card Services - Select which card you wish to receive.

Visa® Check Card (must have a Checking account) ATM Card

Check here to receive a second card in a Joint owner's name

Existing Account Owner Name Change:

Primary Member Joint Owner **A.K.A. (Name before change):** _____

❖ **The Primary member and any Joint owners must sign application (below) and member changing name must sign with new name.**

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 to me), 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 (defined below), and 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.

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.

Are you a U.S. Citizen or U.S. Resident Alien? Yes No

Are you a U.S. Citizen or U.S. Resident Alien? Yes No

X _____
Primary Member Signature* Date

X _____
Joint Owner Signature* Date

Are you a U.S. Citizen or U.S. Resident Alien? Yes No

One form of identification for the Primary member and each Joint owner will be required upon submission of this application.

X _____
Joint Owner Signature* Date