



111 Empire Drive
St. Paul, MN 55103
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hiway.org

Membership Application

New Membership Add Checking Account

A \$5 minimum balance is required to establish and maintain your membership.

Member #: _____

Section A: How do you qualify for membership?

<input type="checkbox"/> Work for a Government Agency: <input type="checkbox"/> MnDOT <input type="checkbox"/> DPS <input type="checkbox"/> Other: _____ <small>(List agency and location)</small>	<input type="checkbox"/> Work at qualifying company <small>(Select Employee Group):</small> _____	<input type="checkbox"/> Qualify through relative/roommate Name: _____ Relationship: _____
<input type="checkbox"/> Minnesota Recreation & Park Foundation: <input type="checkbox"/> Already MRPF member <input type="checkbox"/> Will become member	<input type="checkbox"/> Live, work, worship or attend school in the Metro Community Area <small>(address):</small> _____	
<input type="checkbox"/> Association of the U.S. Army (AUSA): <input type="checkbox"/> Already AUSA member <input type="checkbox"/> Will become member		

Section B: How did you hear about Hiway?

<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Website	<input type="checkbox"/> Bus Tail/Light Rail	<input type="checkbox"/> Mailing	<input type="checkbox"/> Hiway Employee
<input type="checkbox"/> Employer	<input type="checkbox"/> Newspaper/Magazine	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Community Event	<input type="checkbox"/> Other

Section C: Type of Services Desired (Please check all that apply)

<input checked="" type="checkbox"/> Savings Account <small>(required)</small> ATM card(s) automatically issued to Savings only Account(s): <input type="checkbox"/> Member <input type="checkbox"/> Joint	<input type="checkbox"/> Fast Credit Line/Overdraft Protection	<input type="checkbox"/> Loan: _____
<input type="checkbox"/> Checking Account <input type="checkbox"/> Benefits Plus® Checking Debit card(s) automatically issued to Checking Account(s): <input type="checkbox"/> Member <input type="checkbox"/> Joint	<input type="checkbox"/> Money Market <small>(\$500 minimum)</small>	<input type="checkbox"/> Visa® Platinum <small>(no frills/low rate)</small>
<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> IRA	<input type="checkbox"/> Visa® Rewards <small>(\$1=1pt travel & merchandise)</small>
	<input type="checkbox"/> HSA	<input type="checkbox"/> Visa Signature® Cash Rewards <small>(1% cash back)</small>
	<input type="checkbox"/> Tellerphone SM Online Banking/Mobile Banking	<input type="checkbox"/> Investment Services
	<input type="checkbox"/> Tellerphone SM Phone Banking	<input type="checkbox"/> Real Estate Loan: _____
	<input type="checkbox"/> Certificate	

Qualifications apply

Section D: Applicant Information (Please complete all sections)

First Name: _____ MI: _____ Last Name: _____

Soc. Sec. #/TIN: _____ DOB: _____ Mother's Maiden Name: _____
(If under age 18, legal adult is required as a Joint Tenant)

ID Type: Driver's License State ID Passport Other ID*: _____ ID #: _____

Issuing State/Country: _____ Expiration Date: _____

Address: _____ City: _____ State: _____ Zip: _____
(Cannot accept P.O. Box)

Home/Cell Phone: _____ Work Phone: _____ Email: _____

Employer: _____ Occupation: _____ Date of Hire: _____

Gross Mo. Income: \$ _____ Mo. Mtg./Rent: \$ _____ Rent Own Live w/Relatives Yrs. at Residence: _____

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Child Support/Alimony Pmt. (if any): \$ _____ Other Income: \$ _____ per month Sources: _____

Section E: Joint Tenant/Co-Applicant Information (Please complete all sections)

First Name: _____ MI: _____ Last Name: _____

Soc. Sec. #/TIN: _____ DOB: _____ Mother's Maiden Name: _____

ID Type: Driver's License State ID Passport Other ID*: _____ ID #: _____

Issuing State/Country: _____ Expiration Date: _____

Address: _____ City: _____ State: _____ Zip: _____
(Cannot accept P.O. Box)

Home/Cell Phone: _____ Work Phone: _____ Email: _____

Employer: _____ Occupation: _____ Date of Hire: _____

Gross Mo. Income: \$ _____ Mo. Mtg./Rent: \$ _____ Rent Own Live w/Relatives Yrs. at Residence: _____

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Child Support/Alimony Pmt. (if any): \$ _____ Other Income: \$ _____ per month Sources: _____

*Must be a form of government-issued unexpired photo identification.

Section F: Checking Account

Has anyone on this application had a transaction account at this or another financial institution within the last 12 months? Yes No

If yes, please list financial institution _____

Has anyone on this application had a checking account closed by a financial institution without their consent within the last 12 months, or ever been convicted of a criminal offense because of the use of a check or other similar items within 24 months of making this application? Yes No

If yes, please explain _____

Order checks starting with check # _____

Please print the information as you would like it to appear on checks:

Line 1 _____
Line 2 _____
Line 3 _____
Line 4 _____

Account Agreement

The applicant(s) listed on this form makes application for membership in Hiway Federal Credit Union (Hiway) and agrees to conform to its bylaws or any amendments thereto and subscribe for at least one share.

By signing below, you acknowledge receipt of and agree to the terms (All About Your Accounts disclosure) and the Service Fee Schedule concerning the account. You certify, under penalty of perjury, that all information given on this form is true and correct. Designating a Joint Tenant will create joint tenancy ownership rights with rights of survivorship on all accounts, excluding funds in IRA accounts, certificates, initial \$5.00 share and loans (unless a co-applicant). You as the member may, at any time, without consent of joint tenant(s), close the account, add a joint tenant or beneficiary or remove the name of any or all joint tenants or beneficiaries by written notice to Hiway. Any monies may be deposited or withdrawn, subject to the bylaws and rules of Hiway, upon any one of the authorized signatures. By signing below, you also agree to allow Hiway to check your credit and employment history at any time to answer questions about your credit experience.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

If the member applying is a MINOR, the joint tenant of the account must be a legal adult, and is responsible for ALL TRANSACTIONS on this account.

X

Applicant's Signature

Date

(If under age 18, legal adult is required as a Joint Tenant)

X

Joint Tenant's Signature

Date

Certification of Taxpayer Identification Number and Backup Withholding

Under penalty of perjury, you certify that the Social Security Number shown is your correct identification number and that you are NOT subject to backup withholding because you are exempt or you have not been notified that you are subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS has notified you that you are no longer subject to backup withholding and that you are a U.S. citizen (including a U.S. resident alien).

You ARE subject to backup withholding. You are NOT a United States citizen or resident alien.

If you are not a U.S. citizen or resident alien, you MUST complete IRS Form W-8. Contact Hiway for a form.

X

Applicant's Signature

Date

(If under age 18, parent or legal guardian must certify TIN)

X

Parent/Legal Guardian's Signature

Date

USA Patriot Act

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person opening an account. Hiway Federal Credit Union will verify certain information as required by Federal law.

CU Use Only CU Employee: _____ Teller #: _____ Date: _____	Notes:
Primary Verification Type of ID: _____ Joint Verification Type of ID: _____	
State Issued: _____ Exp./Issuance Date: _____ State Issued: _____ Exp./Issuance Date: _____	
<input type="checkbox"/> CB <input type="checkbox"/> QF <input type="checkbox"/> DP <input type="checkbox"/> OFAC <input type="checkbox"/> CB <input type="checkbox"/> QF <input type="checkbox"/> DP <input type="checkbox"/> OFAC	