

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

Member #: \_\_\_\_\_

**Section A: How do you qualify for membership?**

Qualify through relative/roommate  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Attend qualifying school at:  
(Select Employee Group): \_\_\_\_\_  
(Name of School) \_\_\_\_\_

Other: \_\_\_\_\_

Live, work, worship or attend school in the  
Metro Community Area (address): \_\_\_\_\_

**Section B: How did you hear about Hiway?**

Family/Friend  Website  Bus Tail/Light Rail  Mailing  Hiway Employee  
 Employer  Newspaper/Magazine  TV/Radio  Community Event  Other: \_\_\_\_\_

**Section C: What products & services do you want to open?** (Please check all that apply)

Savings Account (required)  2nd Savings Account  Money Market (\$500 minimum)  
 ATM Card  TellerNet<sup>SM</sup> Online Banking/Mobile Banking  IRA  
 Checking Account  Direct Deposit  Fast Credit Line  
 Debit Card  Certificate Builder (\$25 minimum)  Loan: \_\_\_\_\_

**Section D: Tell us about yourself** You are the applicant (Please complete all sections)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Soc. Sec. #/TIN: \_\_\_\_\_ DOB: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
 (Parent or legal guardian must verify TIN)  
 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: \_\_\_\_\_

**Section E: Who will be on the account with you?** A legal adult is required as a joint tenant/co-applicant (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: \_\_\_\_\_

**Section F: Who else will be on the account with you?** A legal adult is required as a joint tenant/co-applicant (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: \_\_\_\_\_

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

## Section G: Complete this section for your 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 \_\_\_\_\_

## Section H: Complete this section for your ATM or debit card

Please print and issue card(s) for:  Member  Joint: \_\_\_\_\_  
(Specify which joint—only one will be issued.)

Applicant's ATM Card Daily Limit\*:  \$50  \$100  \$250

\*If no daily limit box is checked, card will default to **\$500**

Applicant's Debit Card Daily Limits\*:  \$50 Point-of-Sale/\$50 ATM  \$100 Point-of-Sale/\$100 ATM  \$250 Point-of-Sale/\$250 ATM

\*If no daily limit box is checked, card will default to **\$3,000** Point-of-Sale/**\$500** ATM.

## 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). 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.***

Since 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. Until the minor turns the age of 18, the joint tenant must authorize any changes to the account.

X \_\_\_\_\_

**Applicant's Signature**

**Date**

(Legal adult is required as a Joint Tenant)

X \_\_\_\_\_

**Joint Tenant's Signature**

**Date**

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 for the minor is the correct identification number and 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 \_\_\_\_\_

**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: \_\_\_\_\_

**Primary Verification** Type of ID: \_\_\_\_\_

**Joint Verification** Type of ID: \_\_\_\_\_

**Joint Verification** Type of ID: \_\_\_\_\_

State Issued: \_\_\_\_\_ Exp./Issuance Date: \_\_\_\_\_

State Issued: \_\_\_\_\_ Exp./Issuance Date: \_\_\_\_\_

State Issued: \_\_\_\_\_ Exp./Issuance Date: \_\_\_\_\_

CB  QF  DP  OFAC

CB  QF  DP  OFAC

CB  QF  DP  OFAC