



651.291.1515
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hiway.org



MEMBERSHIP APPLICATION

New Joint Membership Add Checking Account

Member #: _____

Application #: _____

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

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 Credit Union® will verify certain information as required by Federal law.

Section A: Type of Services Desired Select all that apply.

Savings Account (required)	Checking Account (Checks ordered upon your request.)
Issue ATM Card for: Member Joint _____	Minnesota Wild Free Checking Free Checking
Applicant's ATM Card Daily Limit*: \$50 \$100 \$250	Issue Debit Card for: Member Joint _____
If no daily limit box is checked, card will default to \$500	Applicant's Debit Card Daily Limits: \$50 Point-of-Sale/\$50 ATM
Loan/Credit Card: _____	\$100 Point-of-Sale/\$100 ATM \$250 Point-of-Sale/\$250 ATM
Other _____	*If no daily limit box is checked, card will default to \$3,000 Point-of-Sale/\$500 ATM

Section B: How do you qualify for membership?

Attend qualifying school at: _____ Name of School	Qualify through relative/household: _____ Name & Relationship
Live, work, worship, volunteer, or attend school in the 7 County Metro Area: _____ Address	Hiway Credit Union Foundation Other: _____

Section C: Applicant Information (Please complete all sections)

First Name:	MI:	Last Name:
Soc. Sec. #/TIN: <small>(Parent or legal guardian must verify TIN)</small>	DOB:	Mother's Maiden Name:
ID Type: Driver's License State ID Passport Other ID*:	Issue Date:	
ID#:	Expiration Date:	Issuing State/Country:
Address: <small>(Cannot accept P.O.Box)</small>		
City:	State:	Zip:
Home/Cell #:	Work #:	E-mail :
How did you hear about Hiway?		

Section D: Who will be on the account with you? A legal guardian/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*:	Issue Date:		
ID#:	Expiration Date:	Issuing State/Country:	
Address: <small>(Cannot accept P.O.Box)</small>			
City:	State:	Zip:	
Home/Cell #:	Work #:	E-mail :	Employer :
Occupation:	Length of Employment: Yrs. Mos.	Gross Mo. Income: \$	

Section E: Who else will be on the account with you? A legal guardian/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*:	Issue Date:		
ID#:	Expiration Date:	Issuing State/Country:	
Address: <small>(Cannot accept P.O.Box)</small>			
City:	State:	Zip:	
Home/Cell #:	Work #:	E-mail :	Employer :
Occupation:	Length of Employment: Yrs. Mos.	Gross Mo. Income: \$	

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

Section F: Certification of Account Information

Minnesota law requires the Member/Owner to complete the following information before opening a share draft or checking account:

1. Within the last twelve (12) months, has anyone on this application had a transaction or checking account at this or another financial institution?
No Yes If yes, where? _____
2. Within the last twelve (12) months, has anyone on this application had a checking account closed by a financial institution without their consent?
No Yes If yes, why? _____
3. Within the last twenty-four (24) months, has anyone on this application been convicted of a criminal offense because of the use of a check or other similar item?
No Yes

An applicant who provides false information regarding the above questions is guilty of perjury pursuant to Minn. Stat. 48.512.

Authorized Signatures and Agreement to Terms

By signing below, you acknowledge receipt of and agree to the terms All About Your Accounts disclosure, Privacy Policy, Rates Schedule 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 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 and you acknowledge that we may share information pertaining to your account with credit bureaus and others as allowed by applicable law.

Suspension of electronic services and access to share or deposit accounts. By signing below, you understand and agree that we may suspend some or all electronic services, Debit/ATM cards and access to your other account(s) if you become delinquent on any of your loan or deposit obligations to us or you cause a loss to us, in accordance with applicable law. We shall not be liable to you in any regard in connection with such suspension of services.

Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.

THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

Since the member applying is a MINOR, the joint tenant of the account must be a legal guardian/adult, and is responsible for ALL TRANSACTIONS on this account. Until the minor turns the age of 18, the joint tenant must authorize any change to the account.

Upon you turning 18, your daily ATM/Debit limits for which you shall be responsible shall automatically increase to Hiway's standard limits. Your continued use of your ATM/Debit card shall constitute your agreement to the changed limits and all terms and conditions governing the account.

<u>X</u>	_____	<u>X</u>	_____
Applicant's Signature	Date	Joint Tenant's Signature	Date
(Legal guardian/adult is required as a Joint Tenant)		<u>X</u>	_____
		Joint Tenant's Signature	Date

Certification of Taxpayer Identification Number and Backup Withholding - Complete the following section:

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.

<u>X</u>	_____	<u>X</u>	_____
Applicant's Signature	Date	Parent or Legal Guardian's Signature	Date
(If under age 18, parent or legal guardian must certify TIN)			

CU USE ONLY

CU Employee:				Teller #:	Date:	Notes:					
Primary Verification	Type of ID:			Joint Verification	Type of ID:	Joint Verification	Type of ID:				
State Issued:	Date Exp. / Issued:			State Issued:	Date Exp. / Issued:	State Issued:	Date Exp. / Issued:				
CB	QF	DP	OFAC	CB	QF	DP	OFAC	CB	QF	DP	OFAC