



Youth and Young Adult Savings Application

OFFICE USE ONLY
Teller Number _____
Date _____
Approved By _____

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 who opens an account.

Joint account holder(s) required from age Birth through 15. A copy of current government issued I.D. is required of all members ages 16 and older.

PRIMARY MEMBER INFORMATION (YOUTH/YOUNG ADULT)

Name _____

SS# _____ Date of Birth _____

Address _____

City, State, Zip _____

Per the Patriot Act, if you list a P.O. Box for your mailing address, you must also provide a residential address:

Address _____

City, State, Zip _____

Email Address _____

Home# _____ Cell# _____

Employer _____ Work# _____

ID Type/State _____ ID# _____

ID Expiration Date _____ US Citizenship (Yes / No) ____

I certify that I am eligible for membership through:

(County OR Partner Group OR Name and Relationship of Eligible Party)

JOINT MEMBER(S) INFORMATION
Per the Patriot Act, a residential address is required for all Joint Members.

Joint 1 Name _____

SS# _____ Date of Birth _____

Address _____

City, State, Zip _____

Email _____

Home# _____ Cell# _____

Joint 2 Name _____

SS# _____ Date of Birth _____

Address _____

City, State, Zip _____

Email _____

Home# _____ Cell# _____

REQUESTED PRODUCTS AND SERVICES FOR YOUTH THROUGH AGE 12: (MARK ALL THAT APPLY)

- Savings * I would like information about signing up for online banking, mobile banking, and eStatements
- Additional Savings 1
- Additional Savings 2

REQUESTED PRODUCTS AND SERVICES FOR YOUTH AND YOUNG ADULT AGE 13 THROUGH 22: (MARK ALL THAT APPLY)

- Savings * Checking Account (select one): Visa® Debit Card (select card recipients):
- Additional Savings 1 High Rewards Checking Primary
- Additional Savings 2 Simply Checking Joint 1
- Order New Checks (standard checks will be ordered) Joint 2
- I would like information about signing up for online banking, mobile banking, and eStatements Checking Overdraft Protection (from savings)
- (free bill pay included with any checking account)

* Membership with LGE Community Credit Union requires that all members have a savings account and maintain a minimum balance of \$5.

INDIVIDUAL/JOINT ACCOUNT HOLDER INFORMATION - PLEASE READ: I hereby make application for membership in and agree to conform to the Bylaws, as amended, of LGE Community Credit Union (the "Credit Union"). By signing below I further certify that: I am within the field of membership of this Credit Union; the information provided on this application is true and correct; and my written signature on this application applies to all accounts under my name at the Credit Union. I also agree to be bound to the terms and conditions of any account that I have in the Credit Union now or in the future. These include, but are not limited to, the Membership and Account Agreement, Truth in Savings Act, Funds Availability Policy, Electronic Funds Transfer Agreement, Privacy Notice, etc.

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION: Under penalties of perjury, each signing party certifies that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding under federal laws or a specific FATCA Payee Code (_) enter code here from W-9 instructions, 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. person (including a U.S. resident alien). Complete a W-8 BEN if you are not a U.S. person.

COMMUNICATIONS CONSENT: If a cell number or text contact (together "contact") is provided, or if I later provide such to the Credit Union via other communications including online banking or social media, I consent and agree that the Credit Union may use this contact to provide information to me about my accounts and services, to reply to any inquiry, or to provide other information via calling, texting, or otherwise. This contact may be by dialing the cell phone, autodialer, text, or robo text methods. I understand that this consent is not required to obtain any loan or services from the Credit Union.

By my signature, I authorize LGE Community Credit Union to verify the information submitted and to obtain credit reports and any other information as may be required concerning the statements made above.

Primary Signature _____ Date _____

Joint 1 Signature _____ Date _____

Joint 2 Signature _____ Date _____