

2303 E Golf Course Rd NE 320-762-6533 Phone crunion@alexcreditunion.org

www.alexcreditunion.org

	ASECU Account #:	
	Application for Membership	
Full Name:		
Address, City, St Zip:		
Social Security:	Date of Birth:	
Home Phone:	Cell Phone:	
E-Mail:		
Employer:	(If Child n/a)	
Occupation:	Work Phone:	
amendments thereof in the Alexa conditions of any account that I h	application for membership in and agree to conform to a and agree to conform to a and agree to conform to a and agree to agree to the second transfer of the credit union now or in the future and agree the ditions from time to time. This application to be approved	the terms and hat the credit union
to backup withholding due to pay	ve been notified by the Internal Revenue Service (IRS) the see underreporting and you have not received a notice freed, you must strike out the language in clause 2 of the content of the	om the IRS that th
CERTIFICATION AS TO TAX	KPAYER IDENTIFICATION NUMBER AND BACKUP	WITHHOLDING
identification number and (2) tha notified that I am subject to back	tify (1) that the number shown on this form is my correct at I am not subject to backup withholding either because tup withholding as a result of a failure to report all interests) has notified me that I am no longer subject to backup	I have not been est or dividends, or
Applicant Signature	Date	
***Attach a copy of the front of	f each applicant's driver's license and \$5.00, the minin	num to open a

***Please do not email a copy of this application as it has your SS#



PAGE 2

JOINT SHARE ACCOUNT AGREEMENT (*NOT TRANSFERABLE)

The Alexandria Schools Employees Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of the account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time.

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union.

Social Security No.	Joint Owners (each must sign below)	Date of Birth

Instructions: This application needs to be completed, signed and submitted.

***Attach a copy of the front of each applicant's driver's license and \$5.00, the minimum to open a share (Savings) account.

District 206 Employees may send this information through inter-school mail to: ASECU, Voyager School.

ATCC Employees can put this information into the Credit Union's mailbox in the staff lounge at ATCC.

Mail or drop off the application at the address listed at the top of the page.

***Please do not email a copy of this application as it has your SS# ***

Important Information About Procedures for Opening a New Account

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.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will need a copy of your driver's license or other identifying documents.

(rev 11/18)