



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:** _____

(Name & Address of nearest living relative)

By signing below, I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the Alexandria Schools Employees Credit Union. I also agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time. This application to be approved by the Board of Directors.

(Instruction to Signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below).

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

Applicant Signature

Date

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

*****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
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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.