



Community Regional Credit Union

"Your Community, Your Credit Union"

510 Bridge Street
Old Forge PA 18518
Phone 570 457-8899
Toll Free 1-800-698-0101
E-mail info@crcu.info

584 Wyoming Avenue
Kingston PA 18704
Phone 570 288-2326
Fax 570 288-0448

Account
Number

Membership Application

Last Name: _____ First Name: _____ Middle Initial: _____
Type of ID: _____ ID No: _____ Soc. Sec. No.: _____
Residence: _____
PO Address: _____ City: _____ State: _____ Zip Code: _____
County: _____ Phone: _____ Cell Phone: _____
Email Address: _____ Password: _____
Employer: _____ Occupation: _____
Employer Address: _____
Employer's Phone No: _____ Mother's Maiden Name: _____
Date of Birth: _____ Place of Birth: _____

By signing below, I hereby make application for membership in agreement to conform to the bylaws and any amendments thereof in the Community Regional Credit Union and authorize the credit union to check my credit history for any reason, including verification of the information in this application. We may report information about your loan and deposit accounts to the credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report. I also agree to the terms and conditions of any accounts 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.

Signature: _____ Date: _____

Joint Account

The Account(s) is a Joint Account: With Right of Survivorship Without Right of Survivorship
The Community Regional Credit Union is hereby authorized to recognize and of the signatures subscribed below in the payment of funds or the transfer of any business for this account. The joint owner of this account, Hereby agrees with each other and with said credit union that all sums now paid in shares, or heretofore or hereafter paid in shares be any or all said joint owners to their credit as such joint owners with all accumulation thereon, are shall be owned by them jointly, with right of survivorship and be subject to withdrawal or receipt of any of them, and payments to and of them or survivor or survivors shall be valid and discharged said credit union from all liability for such payments.
JOINT OWNER: if required by the credit union, removal of a joint owner requires consent of all owners, and we will hold the credit union harmless for actions regarding account access. The removed joint owner (s) set forth in the "Account Type" section. This Relinquishment does not affect my/our obligations on any loan accounts.

Joint Owner Information

Joint Owner: _____ Soc. Sec. No.: _____
Address: _____ Driver's Lic. No.: _____
City/State/Zip: _____ Date of Birth: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Employer's Phone No.: _____

Signature of Joint Owner: _____ Date: _____

Additional Information

Joint Owner: _____ Soc. Sec. No.: _____
Address: _____ Driver's Lic. No.: _____
City/State/Zip: _____ Date of Birth: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Employer's Phone No.: _____

Signature of Joint Owner: _____ Date: _____

Joint Owner: _____ Soc. Sec. No.: _____
Address: _____ Driver's Lic. No.: _____
City/State/Zip: _____ Date of Birth: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Employer's Phone No.: _____

Signature of Joint Owner: _____ Date: _____

Account Designation

Payable on Death (POD) All Accounts Designate Specific Accounts

Relation to Member: _____ Relation to Member: _____
Beneficiary: _____ Beneficiary: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____

UTTMA/UGMA (as custodian for _____ (minor) under the uniform Transfer/Gift to minors act) Minor's TIN/SSN: _____

Instructions to signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreported and you have not received a notice from the IRS that the backup withholding has terminated, you must strike our language in clause or wherever certification you sign below.

Signature: _____ Date: _____

Certification as to Taxpayer Identification Number and Backup

Under Penalties of Perjury, I certify (1) that the number shown on this form is correct taxpayer Identification Number and (2) that I am no subject to backup withholding either because I have not been notified that I am subject to backup withholding as the result of a failure to report all interest and dividends, or the Internal Revenue Service's (IRS) has notified me that I am no longer subject to backup withholding, and (3) that I am unless designed below, a US person (including a US resident alien).

Signature: _____ Date: _____

Credit Union Use Only:

This application has been approved by the (check one)

Board Executive Committee Membership Officer

Signature: _____ Date: _____