



Membership Application
10750 France Avenue South
Bloomington, MN 55431
952.698.SCCU

Applying for Membership

To become a member of Star Choice Credit Union, you are required to deposit a minimum of \$10 into a Prime Share account. This Prime Share savings account will remain open until you choose to close your account.

The account(s) will be [] Individual Account(s) [] Joint Account(s)

Primary Applicant Information

Form fields for Primary Applicant Information: LAST NAME, FIRST NAME, MIDDLE, SOCIAL SECURITY, DATE OF BIRTH, PHONE NUMBER, DRIVER'S LICENSE NUMBER, EMAIL ADDRESS, HOME ADDRESS, CITY, STATE, ZIP CODE, EMPLOYER, EMPLOYER ADDRESS

Joint Applicant Information

Form fields for Joint Applicant Information: LAST NAME, FIRST NAME, MIDDLE, SOCIAL SECURITY, DATE OF BIRTH, PHONE NUMBER, DRIVER'S LICENSE NUMBER, EMAIL ADDRESS, HOME ADDRESS, CITY, STATE, ZIP CODE, EMPLOYER, EMPLOYER ADDRESS

Payable on Death (P.O.D.) Account

Form fields for Payable on Death (P.O.D.) Account: LAST NAME, FIRST NAME, MIDDLE, SOCIAL SECURITY, DATE OF BIRTH, PHONE NUMBER, DRIVER'S LICENSE NUMBER, RELATIONSHIP TO APPLICANT, HOME ADDRESS, CITY, STATE, ZIP CODE

Checking Account (primary applicant must complete the following)

Have you or the joint applicant had a checking, savings, or other accounts closed by a financial institution within the past 12 months? [] Y [] N
Have you or the joint applicant been convicted of a criminal offense from the use of a checking, savings or other account with the last 24 months? [] Y [] N
Have you had a checking account at this or another financial institutions within the last 12 months? [] Y [] N

If yes, please provide the name of that institution: _____

Authorization (please read before signing)

I/we agree to the rules and policies of Star Choice Credit Union as set forth by the by-laws, which may be amended from time to time. I/we acknowledge the receipt of and agree to the terms and conditions of the Account Agreement and Disclosures, Privacy Disclosures, Truth-in-Savings Disclosures, and the Rate and Fee Schedule, and agree to any amendments to the credit union makes to these documents from time to time. I/we authorize Star Choice Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. Under penalties of perjury, I certify that: (1) The number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, 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 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. citizen (including a U.S. resident alien). Certification instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax returns.

APPLICANT SIGNATURE

DATE

JOINT APPLICANT SIGNATURE

DATE