## **Membership Application**



Form Instructions:

1 — Complete all applicable areas on the form and sign and date in the signature area. Include a copy of a non-expired government or state-issued ID with your completed application. 2 — Print and mail the completed form to: Delta Community Credit Union ATTN: Deposit Services PO Box 20541 Atlanta, 30320-2541 or Fax 404-677-4642

Update Services for Account No			
Membership Eligibility			
Live in metro Atlanta Work in m	etro Atlanta Name of County		
Eligible Employee of Company N	ame of Company		
Member of Eligible Organization N	ame of Organization		
Relative of Member Name of Mem	nber	Relationship	
Primary Member Information			
Name (First, MI, Last)	Social Security Num	ber Date of Birth	
Street Address	City	State	Zip
Previous Address if Current is under 2 years	<u> </u>		
Foreign Address (Street, City, Country, Cour	ntry Code) <b>United States citizens li</b>	ving outside U.S. only	
Home Phone Work Phone	Mobile Phone Email		
ID Type: Driver's License	State Issued ID US Passpor	t US Military ID	
ID Number	State of Issue/Military Branch	Issue Date	Expiration Date
Employer	Date of hire	Occupation	



2.24 page 1/3

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## Accounts and/or Services Requested (Adult Joint Owner required for all minor accounts)

Savings Account		Checl	Checking Account		Money Market Account			
	Savings (Required)	Additional Savings		Free Checking	Interest Checking	Spend Check		Money Market Account
Cards	s *,	ATM/Visa® Debit Card	MM	A ATM	Card Desi	<b>gn</b> Com	munity Card	Airplane
	I/Visa Deb will be iss	-	ly is select	ed, an ATN	1 Card will be is	ssued. If Saving	s and Checking a	are selected, a Visa Debit
Joint	Owner In	formation						
Joint	1 Name (F	irst, MI, Last)			Social Security	/ Number	Date of	f Birth
Street	t Address		C	ity			State	Zip
Home	e Phone	Work Phone		Mobile Pho	one Ei	mail		
ID Typ	pe:	Driver's License	State	lssued ID	US Pa	ssport	US Military II	0
ID Nu	ımber		s	tate of Issu	ue/Military Bran	ch	Issue Date	Expiration Date
Emple	oyer			ate of Hire			Occupation	
Acco	unts	Savings	Additional Savings		Free Checking	Interest Checking	SpendSa Checking	,
Cards	s *,	ATM/Visa® Debit Card	MM	A ATM	Card Desi	<b>gn</b> Com	imunity Card	Airplane
Joint 2	2 Name (F	irst, MI, Last)			Social Security	/ Number	Date of	f Birth
Street	t Address			ity			State	Zip
Home	e Phone	Work Phone		Mobile Pho	one Er	mail		



P.O. Box 20541, Atlanta GA 30320

2.24 page 2/3

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ір туре:	Driver's License	State Issued	טן טאַ רו	assport	US Military ID	
		State of Is	State of Issue/Military Branch  Date of Hire		Issue Date	Expiration Date
		Date of H			Occupation	
Accounts	Savings	Additional Savings	Free Checking	Interest Checking	SpendSafe Checking™	Money Market Account
Cards	*ATM/Visa® Debit Card	MMA ATM	Card Des	<b>ign</b> Com	munity Card Ai	rplane
Payable on l	Death Beneficiary Info	rmation – cannot b	oe the same pers	son as the Joint	Owner	
POD 1 Name	e (First, MI, Last)		Social S	ecurity Number	Date of Birth	า
Accounts:	Savings	Additional Savings	Free Checking	Interest Checking	SpendSafe Checking™	Money Market Account
POD 2 Name	e (First, MI, Last)		Social Se	ecurity Number	Date of Birth	h
Accounts:	Savings	Additional Savings	Free Checking	Interest Checking	SpendSafe Checking™	Money Market Account
obtain credit rep in this application a credit report of unions and state also agree to no	that everything you have stated ports and copies of state issued on and your credit reports to ma in you. You understand that it is e chartered credit unions insure potify us of any change in your na	identifications in connect ke its decision. If you req a federal crime to willfull d by the National Credit ame, address or employn	tion with your request juest, the Credit Unior y and deliberately pro Union Administration. nent within a reasonal	for membership. You will tell you the name vide incomplete or inc If there are any impor ole time thereafter.	understand the Credit Union e and address of any credit b correct information on applica tant changes, you will notify	n will rely on the information pureau from which it received ations made to federal credit us in writing immediately. You
, , ,	elow you acknowledge receipt o and agree to the terms and cor		Savings Services Disc	osures and Agreeme	nts, including Disclosure Sup	oplement, and Privacy and O
By signing below be issued to me Service (IRS) th	n and Backup Withholding Informal, under penalties of perjury, I cook, and (2) I am not subject to bact I am subject to backup withholding, and (3) I am a U.S. citizen	certify that: (1) The numbe ckup withholding because colding as a result of a fai	e (a) I am exempt fron lure to report all intere	n backup withholding, est or dividends, or (c)	or (b) I have not been notified	ed by the Internal Revenue
Instructions: Cro and dividends o	oss out item 2 above if you have n your tax return. Cross out iter document other than the certifi	e been notified by the IRS m 3 and complete a W-8	S that you are currentl BEN if you are not a U	y subject to backup w		
Signature of <i>i</i>	Applicant/Member				Date	
Signature of	Joint Owner 1				Date	
Signature of	Joint Owner 2				Date	



2.24 page 3/3

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