

# Everence Federal Credit Union Membership Application



Member number (assigned by credit union) \_\_\_\_\_

Please complete and return this application and initial deposit to your local branch or mail it to Everence Federal Credit Union, 2160 Lincoln Highway E., Ste. 20, Lancaster, PA 17602. If mailing the application, please include a copy of your valid photo ID.

## 1. Primary member

Please type or print.

Name of primary member \_\_\_\_\_ Birth date \_\_\_\_\_

Social Security/Tax Identification number \_\_\_\_\_ Email address \_\_\_\_\_

Street address (**required**) \_\_\_\_\_

Mailing address (*if different from above*) \_\_\_\_\_

Street City State ZIP

Primary phone \_\_\_\_\_  cell  home  work Secondary phone \_\_\_\_\_  cell  home  work

For security and identification purposes: Mother's maiden name \_\_\_\_\_ Code word \_\_\_\_\_

Photo ID: State \_\_\_\_\_ Number \_\_\_\_\_ Expiration date \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Membership eligibility

I am a member of, employee of, or student of a Mennonite or Anabaptist church or organization.

Name of church or organization: \_\_\_\_\_ ,

I, or an immediate family member, owns another Everence product. Name of family member \_\_\_\_\_ , or

I share values consistent with the Anabaptist understanding of Christian stewardship (Psalm 24 – all I am and all I have are from God) and, in response to God's generosity, practice stewardship of all my resources.

## 2. Account ownership

Check the appropriate box to indicate account type. If more than one joint owner, call (800) 451-5719.

individual account  joint with survivorship  joint without survivorship  
(go to section 3) (for joint accounts, supply joint owner information immediately below)

Name of joint owner \_\_\_\_\_ Birth date \_\_\_\_\_

Social Security/Tax Identification number \_\_\_\_\_ Email address \_\_\_\_\_

Street address (*if different than primary member*) \_\_\_\_\_

Street City State ZIP

Primary phone \_\_\_\_\_  cell  home  work Secondary phone \_\_\_\_\_  cell  home  work

For security and identification purposes: Mother's maiden name \_\_\_\_\_ Code word \_\_\_\_\_

Photo ID: State \_\_\_\_\_ Number \_\_\_\_\_ Expiration date \_\_\_\_\_

## 3. Savings and loan accounts

**Primary savings:** Membership in Everence requires a minimum deposit of \$5 into a primary savings. This money is yours, but \$5 must remain in the account as long as you are a member. **Send your initial deposit with this application.**

**Other accounts:** Indicate which accounts you wish to open with this application. Initial deposit of \$25 is required for the following accounts.

regular checking  dividend checking  debit card  club accounts  money market  
 youth savings  share certificate  Health Savings Account (HSA)\*  Individual Retirement Account (IRA)\*

**Loans:** Everence offers a variety of loans.

**MyNeighbor credit card\***: Everence donates 1.50 percent of your transaction totals to the charitable organization of your choice.

**Consumer\***: Vehicle, personal and student loans.

**Real estate\***: Fixed- and adjustable-rate mortgages, fixed- and adjustable-rate home equity loans and lines of credit.

**Business\***: Loans and lines of credit.

\*Additional applications are required and given when indicated.

## 4. Authorizations, backup withholding information, and signatures

**Consumer reports.** By submitting a membership application, you authorize Everence Federal Credit Union to obtain a consumer credit report to evaluate your creditworthiness so that you may be considered for other Everence products and services. You also authorize Everence Federal Credit Union to obtain consumer reports for purposes of evaluating the membership application and reviewing any Everence accounts you open. You understand these reports may be used in decisions to deny account applications, close accounts, and/or restrict accounts or services.

**Disclosures.** By signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate Sheet, Fee Schedule, and Funds Availability Policy Disclosure, if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. I acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.**

**Requesting a debit card.** By signing below, I request an Everence Federal Credit Union MasterCard debit/ATM card be issued in my name and in the name of the co-applicant (if applicable). Further, I acknowledge that I have received a copy of the MasterCard debit/ATM card cardholder agreement and that I have read, understand, and agree to be legally bound by the terms and conditions of that agreement. I also acknowledge receipt of the disclosure statement informing me of my rights under the Electronic Funds Transfer Act and Truth-in Savings Act as applicable.

### Certification, backup withholding information.

Under penalties of perjury, I certify that:

1. The Social Security Number shown above is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 failure to report all 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. person (including a U.S. resident alien).

**Instructions:** You must cross out number 2 above if you have been notified by the IRS that you are currently subject to backup withholding. Cross out number 3 above and complete Form W-8BEN if you are not a U.S. person.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of primary member Date Signature of joint owner Date

## 5. Member service questionnaire – personal checking account

To help us serve you better and understand the types of transactions you anticipate for your credit union account, we are requesting that you answer the following questions. We appreciate you taking the time to answer these questions.

Citizenship (Check one)

U.S. citizen  Resident alien  Nonresident alien

If non-U.S. citizen, country of citizenship \_\_\_\_\_

Will you be using our wire services regularly? (Check all that apply)

Domestic wires more than 5 times a month  International wires more than 5 times a month

How will you be primarily funding your account? (Check only one option)

Payroll  Wires  ATM deposits  Cash  Checks  Electronic deposits

Will you have any large cash needs over \$5000 on a regular basis? (Check one)

Yes  No

How many times a month do you anticipate you will be using the ATM? (Check one)

Less than 25 times per month  More than 25 times per month

How many checks do you anticipate writing each month? (Check one)

0-50  51-100  More than 100

Will you be purchasing money orders more than 5 times a month? (Check one)

Yes  No

### Everence Federal Credit Union

2160 Lincoln Highway E., Ste. 20  
Lancaster, PA 17602-1150  
everence.com

Toll-free: (800) 451-5719  
F: (717) 735-8331  
infocu@everence.com

### For staff use only

Date of membership \_\_\_\_\_ Opened by \_\_\_\_\_

Identity verification form (copy attached)

Member service questionnaire