

# City of Boston Credit Union

## Family New Membership Application

Please print this form and provide all of the requested information. When you have completed the form, sign and bring or mail it to Boston Credit Union, Room 242 City Hall, Boston, MA 02201; 305 Turnpike Street, Canton, MA 02021; 1010 Morrissey Boulevard, Dorchester, MA 02122; 130-132 West Broadway, South Boston, MA 02127 or 77 Spring Street, West Roxbury, MA 02132. Please note this is **NOT** an online application.

If applying for membership by mail, you must include an initial savings deposit of \$5.00\* (check payable to City of Boston Credit Union), proof of eligibility (a copy of your last paycheck stub, business card, etc.) and an enlarged copy of your driver's license. Once your application has been received you can expect to be notified by a Member Service Representative to verify information. If applicable allow two weeks to receive your City of Boston Credit Union checks, disclosures, fee schedules, rate sheet and ATM/Debit Card.

\*\$5 deposit is not required if this form is accompanied by a Payroll Deduction Request Form.

### US Patriot Act Disclosure

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 at City of Boston Credit Union, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents.

We will grant conditional membership, prime share only, until inquiries with any Consumer Reporting Agency are completed. If City of Boston Credit Union is unable to satisfactorily resolve any identification discrepancies your account will be closed.

### ACCOUNT HOLDER INFORMATION

All accounts should be:      \_\_\_\_\_ Individual      \_\_\_\_\_ Joint

#### PRIMARY OWNER OF ACCOUNT

Name of Sponsor, Relationship and Sponsor Member Number (if known) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Residence Address (No P.O. boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### JOINT OWNER

The Joint Owner designated below shall jointly and equally own all of my accounts as indicated on this card with a right of survivorship, except individual IRAs. Joint ownership does not constitute Credit Union Membership.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Residence Address (No P.O. boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### TYPES OF ACCOUNT(S) REQUESTED

\_\_\_\_\_ Savings and \_\_\_\_\_ Now Checking (if requesting a Checking Account please complete the following information)

## CHECKING ACCOUNT REQUEST INFORMATION

### CHECK ORDER INFORMATION

Style Code\* \_\_\_\_\_ # of Boxes \_\_\_\_\_ Starting No. \_\_\_\_\_

Standard Style is standard blue (Style Code BSDN), 150 checks per box. Indicate starting number or new. Additional styles available ranging in price.

Visit [reorder.libertysite.com](http://reorder.libertysite.com) for available styles.

Print the information that will appear on your checks (name, address, phone, etc.)

Line 1. \_\_\_\_\_

Line 2. \_\_\_\_\_

Line 3. \_\_\_\_\_

Line 4. \_\_\_\_\_

Line 5. \_\_\_\_\_

Line 6. \_\_\_\_\_

CHOOSE A TYPE STYLE (choose one): \_\_\_HELVETICA (standard) or \_\_\_CURSIVE

SHIP TO (choose one): \_\_\_ Address on Checks or \_\_\_ Pick up at CBCU (which location? City Hall, Canton, Dorchester, South Boston or West Roxbury)

Please note that your first box of checks is FREE if you will have direct deposit of your payroll check to your new City of Boston Credit Union Checking Account. Thereafter and/or without direct deposit of payroll check the per box fee you select from our vendor will be deducted from your account, cost per box varies by style chosen. To see available styles visit [reorder.libertysite.com](http://reorder.libertysite.com) or contact a Member Service Representative at 617-635-4545.

### REQUEST FOR PHOTO IMAGES OF CHECKS

To have Photo Images of checks that have cleared your account added to your monthly statement please sign below.

Yes, add Photo Images of cleared checks to my monthly statement. Signature: \_\_\_\_\_

### REQUEST FOR OVERDRAFT PROTECTION

We offer Overdraft Protection to members with a NOW (checking) Account. This allows the credit union to automatically transfer any available funds from your savings or money market account to your checking account to cover any checks presented to the credit union for payment which would otherwise be returned for insufficient funds. You will be charged a \$2.00 service fee for any transfer that is made regardless of whether it covers one check or several checks in any one day. If you wish to have your account set up for overdraft protection, check the yes box and sign below.

Yes, add Overdraft Protection to my Checking Account. Signature: \_\_\_\_\_

## ATM CARD REQUEST

Yes, I would like an ATM Card to access my:

A. \_\_\_ Main Share Savings Account **and**

(choose one or both if desired) \_\_\_ Now Share Draft Checking and/or \_\_\_ Money Market Account\*

B. If you chose both (all three accounts), please choose one combination below for "other" ATMs\*.

\_\_\_ B.1 Main Share Savings Account and Now Share Draft Checking

\_\_\_ B.2 Main Share Savings Account and Money Market Account

\* City of Boston Credit Union ATMs allow three account choices to withdraw from. "Other" ATMs only allow two account choices. If you choose to withdraw from your money market account at ATMs other than ours, choose B.2 and be aware that you'll need to select checking at other ATMs but you will be withdrawing from your money market account.

ADDITIONAL ATM CARD REQUEST (Joint owner must be joint on accounts for ATM access):

Joint Owner: First: \_\_\_\_\_ Last: \_\_\_\_\_ SS#: \_\_\_\_\_

AUTHORIZATION/SIGNATURES I request an ATM Card and a randomly selected personal identification number (PIN). I understand that use of the ATM Card is subject to the terms of my Credit Union "Understanding Your Account" Terms and Conditions brochure which will be provided with the ATM card. I agree to and will read and familiarize myself with the terms of the Electronic Fund Transfers Agreement and all other requirements in that brochure. I understand that by using the card or permitting others to use it, I will consent to the terms. This form must be signed before submitting it.

\_\_\_\_\_

## DEBIT CARD REQUEST

Yes, I would like a Debit Card to access my Now Share Draft Checking Account.

ADDITIONAL DEBIT CARD REQUEST (Joint owner must be joint on accounts for Debit access):

Joint Owner: First: \_\_\_\_\_ Last: \_\_\_\_\_ SS#: \_\_\_\_\_

### AUTHORIZATION/SIGNATURES

I request a City of Boston Credit Union Debit Card and a randomly selected personal identification number (PIN). I understand that use of the Debit Card is subject to the terms in the Debit Card brochure which will be provided with the card. I agree to read and familiarize myself with the terms and all other requirements in that brochure and the Electronic Fund Transfers: Rights & Responsibilities disclosure before signing. I understand that by using the card or permitting others to use it, I will consent to the terms. This form must be signed before submitting it.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Date

## PAYROLL DEDUCTION REQUEST

Please deduct a total of \$ \_\_\_\_\_ from my check to and distribute among these accounts:

Share(Savings) \$ \_\_\_\_\_ NOW (checking) \$ \_\_\_\_\_ Money Market \$ \_\_\_\_\_

The total for these deductions is \$ \_\_\_\_\_ (must match the total listed under Deduction request above) This amount should not include Loan deduction.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

### AUTHORIZATION/SIGNATURES

Upon receipt of your Application, you will receive an "Understanding Your Account" Terms and Conditions brochure, a signature card, and when applicable a NOW account rules and regulations brochure, payroll change card(s), and a receipt for your deposit. Read the information then sign and return applicable cards promptly.

I agree to and will read and familiarize myself with the terms in these brochures.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Date