

Detroit Michigan Credit Union Membership Form

I/We want to become a member of the following Credit Union:

I/We acknowledge that a Share (Savings) Account will be opened under my/our name and Social Security Number with the above indicated credit union and must remain open for the term of the loan. The dealership/credit union will make my initial deposit required for membership.

Primary Member	Joint Member
Name:	Name:
Social Security Number:	Social Security Number:
Email Address:	Email Address:
Exempt payee code (if any)	Exempt payee code (if any)
Exemption from FACTA reporting code (if any)	Exemption from FACTA reporting code (if any)

Account Number (to be assigned by credit union) _____

Eligibility:

I am eligible to become a member of the credit union listed above (initial): _____

I am eligible for membership through:

_____ Where I work (list business): _____

_____ Where I live (list city or county): _____

_____ Other (list eligibility): _____

Important information about procedures for opening a new account:

To help the government fight 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, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

SIGNATURE NEEDED (BOTH PLACES)

By signing below, I/We hereby apply for membership and agree to conform to the bylaws and amendments thereof. I/We also agree to the terms and conditions of any account(s) that I/We have with the credit union now or in the future, and agree/understand that the credit union may change those terms and conditions periodically. I/We agree the credit union, (denoted indicated above), is authorized to obtain credit and/or other report(s) to determine my eligibility for accounts and services. I/We also understand the Membership Application/Account Agreement and Disclosures will be mailed to me within 10 calendar days of my account being opened at the credit union.

Signature: X _____ Date _____
 X _____ Date _____

Under penalties of perjury, I certify (1) that the Social Security Number shown entered above is my correct taxpayer identification number, and (2) that I am not subject to backup withholding either: (a) Because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) The Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding. (*Instruction to signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the (IRS) that the backup withholding has been terminated, you must strike out the language in clause (2) of the certification above.*) (3) I am a U.S. citizen (including a U.S. resident alien). And (4) The FACTA code(s) entered on this form (if any) indicating that I am exempt from FACTA reporting is correct.

Signature: X _____ Date _____
 X _____ Date _____

Simply have the customer sign and then forward this original with the loan paperwork to the credit union indicated above.