



Application for Membership

Applicant Information			
Member name (Last-first-initial)		Social Security	Date of Birth
Home Address		City	State ZIP
Driver's license	Mother's Maiden Name		Email address
Employer	Employer Address	City-State-ZIP	Work phone
How are you eligible to join?			
School			
Employer			
Other			
<p>*TIN certification and backup withholding disclosure: Under penalties or perjury, I certify that the Social Security Number (SSN) Taxpayer Identification Number (TIN) shown is correct and that I am not subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS had notified me that I am no longer subject to backup withholding and that I am, unless designated below, A U.S. person (including a U.S. Resident Alien).</p>			
Joint Owner Information			
Name (Last - First - Initial)		Social Security Number	Date of birth
Home Address		City-State-ZIP Home Phone	
Joint Owner Information			
Name (Last - First - Initial)		Social Security Number	Date of birth
Home Address		City-State-ZIP Home Phone	
Optional Services Information and Selection			
<p>I/We understand that a checking account and VISA Debit Card are subject to all terms and conditions outlined in the Landings Credit Union Member Account Agreement. All owners on the Saving Account will also be joint owner(s) on the Checking Account.</p>			
<p>I/we request a: <input type="checkbox"/> Checking Account <input type="checkbox"/> ATM Card <input type="checkbox"/> VISA Debit Card <input type="checkbox"/> Line of Credit*</p>			
<p>Checking Overdraft Options: If there are not sufficient funds in my checking account to honor an item, please draw from the following: (unless otherwise requested, by default your Savings Account will overdraw from your Checking Account and vice versa.)</p> <p style="text-align: center;"> <input type="checkbox"/> Savings only <input type="checkbox"/> Savings first, then Line of Credit (LOC)* <input type="checkbox"/> Line of Credit*, then Savings </p>			
<p>* A Line of Credit is a credit qualifying account. Please complete a loan application.</p>			
Account Beneficiary Designations			
<p>I/We designate _____ who resides at _____ as the beneficiaries on this account. And as such he/she is entitled to all shares in said account upon my death, or if there is more than one joint owner, upon the death of all the owners.</p>			
Joint Share Account Agreement			
<p>Landings Credit Union is hereby authorized to recognize any of the signatures signed below in the payment of funds or the transaction of any business for this account. The joint owner(s) of this account hereby agree with each other and with Landings Credit Union that any funds in this account at any time shall be owned by them jointly with right of survivorship and be subject to the withdrawal or receipt of any of them. Payment to any of them or the survivor or survivors shall be valid and discharge Landings Credit Union from any liability for such payment. Any or all owners or joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from credit union. The right of authority of Landings Credit Union under this agreement shall not be changed or terminated by said owners or any owners except by written notice to Landings Credit Union.</p>			
<p>By signing below I/We agree to conform to all Landings Credit Union terms, conditions and disclosures pertaining to all Landings Credit Union accounts and services, now and in the future. I acknowledge receipt of a Truth-in-Savings Rate and Fee Schedule and Disclosures, applicable to the accounts and services requested herein. I/We authorize the credit union to obtain credit information from any source necessary. Line of Credit advances will be granted according to the terms of that agreement. I/We also agree that if this is a business account, this account will not be used for the purpose of internet gambling.</p>			
			Joint Owner signature _____
			Date _____
Member signature _____		Date _____	
		Joint Owner signature _____	
		Date _____	
Credit Union Use Only			
Membership Date	Opened By	Membership Officer	
CheckSystems	Experian	OFAC	
Account Number	SEG Number		