

Dawson Co-op Credit Union
PO Box 1002, Dawson MN 56232 Ph:320-769-2908 Fax: 320-769-2431
Boyd Branch: PO Box 245 Boyd MN 56218 PH: 320-855-9900
Renville Branch: PO Box 585, Renville MN 56282 PH:320-329-3152

MEMBERSHIP **A**PPLICATION

Member/Owner Name	MIEMISER INFO	lember No.	
Street			
City/State/Zip	S	SN/TIN	DOB
Home Phone Cell Phone		ype of ID	Expiration Date
Work Phone		O No.	State of Issue
E-mail		assword	OFAC
Membership Eligibility		Occupation/Employer	
	ACCOUNT	ТҮРЕ	
	r membership agreement fo	or terms of the accounts s	
Share/Savings	Money Market		Share Certificate
Share Draft/Checking	Christmas Club		Other
	ACCOUNT SE	ERVICES	
Payroll Deduction/Direct Deposit		E Statements	
Overdraft Protection (indicate transfer priority):		Debit Card	
Home Banking		Credit Card	
Bill Pay		Check Imaging	
	ACCOUNT OW		
Designate the owner	ership of the accounts and r	responsibility for the serv	ices requested.
Individual	☐ Joint Account with Sur	vivorship	Joint Account without Survivorship
	JOINT OWNER IN	FORMATION	
Joint Owner	S	SN/TIN	DOB
Street	T	ype of ID	Expiration Date
City/State/Zip	IC	O No.	State of Issue
Home Phone Cell Phon	e V	Vork Phone	OFAC
E-mail	0	occupation/Employer	Existing Member
Joint Owner	S	SN/TIN	DOB
Street	T;	ype of ID	Expiration Date
City/State/Zip	IC	O No.	State of Issue
Home Phone Cell Phon	e W	Vork Phone	OFAC
E-mail	0	occupation/Employer	Existing Member
Joint Owner	S	SN/TIN	DOB
Street	T	ype of ID	Expiration Date
City/State/Zip	IC	O No.	State of Issue
Home Phone Cell Phon	e W	Vork Phone	☐ OFAC
E-mail	0	occupation/Employer	Existing Member

	_	DEATH (POD)			
	ACCOUNTS	DESIGN ATE SPECIFIC AC			
Beneficiary/POD Payee	DOB	Beneficiary/POD Payer	e DOB		
Address		Address			
SSN	OFAC	SSN	□OFAC		
	UNIFORM TRUST/G	FT TO MINORS ACCOU	INT		
As custodian for (minor name)		Minor's SSN			
(under the Uniform Transfers/Gifts to Minors Ad	xt)				
USA PATRIOT ACT					
In accordance with the USA PATRIOT ACT, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. This includes all personal and commercial accounts including loan and deposit accounts, as well as trust, brokerage, insurance, and investment management accounts. What This Means To Our Members When you open an account, you will be asked for your name, address, social security or tax identification number, date of birth (for individuals) and other information that will allow Dawson Co-op Credit Union to identify you. You will also be asked to furnish your driver's license or other identifying documents. We are required to follow this procedure each time an account is opened.					
AUTHORIZATION By signing below, you agree to conform to the by-laws of the Credit Union. You further agree that your accounts will be governed by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Privacy Notice, and Funds Availability Policy Disclosure, if applicable. You acknowledge that you have received a copy of the Agreement and Disclosures applicable to the accounts and services you have requested. If you received an ATM/Debit card or EFT service, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You understand the credit union may request a credit report to verify your identity. The Credit Union may report information about your account to credit bureaus. By submitting this application, you authorize the Credit Union to verify credit and employment history by any necessary means, including request of a credit report by a credit reporting agency. Late payments, missed payments or other defaults on your account may be reflected in your credit report.					
X		X			
-		-	D.1.		
Signature	Date	Signature	Date		
X		X			
Signature	Date	Signature	Date		
	СЕРТИ	FICATION			
Under penalties of perjury, I certify that: 1. The number shown on this form 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 a 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section. Instructions for completing this section will be provided to you upon request. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.					
			Exemptions (see instructions):		
			Exempt payee code (if any)		
Signature of U.S. person	Date		Exemption from FATCA reporting code (if any)		
FOR CREDIT UNION USE ONLY	CHMarch archin Angua, in J Dir.		I March and D Marie 11		
Date of Membership	CU Membership Approved By:		Member ID Verified by: ☐ OFAC		
			☐ Credit Report		