



Member NCUA.  
ESI Insured.  
Equal Opportunity Lender.

**Membership Application To DayMet Credit Union:**

To apply without visiting a branch simply print the form, complete the application, have all signatures notarized and provide photo copies of valid driver's license and social security cards (for each applicant). Mail application along with \$5 to:

DayMet Credit Union, Inc.  
Attn: Member Services  
P.O. Box 13087  
Dayton, Ohio 45413-0087

**Community Membership is open if you or a family member live, work, attend school or worship in Montgomery, Miami, Greene or Clark Counties.**

Federal Law requires us to obtain, verify and record information about your identity when you open an account. Therefore, we require (copies of) your driver's license or other federal or state government ID and your Social Security Card.  
*Thank you for your cooperation.*

**PRIMARY MEMBER INFORMATION**

Name:	SS#:	Date of Birth:	Today's Date:
Address:		City, State, Zip:	
Home Phone:	Work Phone:	Cell Phone:	
Email Address:	Mother's Maiden Name:	How Eligible For Membership?	

**JOINT MEMBER #1**

Name:	SS#:	Date of Birth:
Address:		City, State, Zip:
Home Phone:	Work Phone:	Cell Phone:
Email Address:	Mother's Maiden Name:	How Eligible For Membership?

**JOINT MEMBER #2**

Name:	SS#:	Date of Birth:
Address:		City, State, Zip:
Home Phone:	Work Phone:	Cell Phone:
Email Address:	Mother's Maiden Name:	How Eligible For Membership?

**PRODUCTS & SERVICES OF INTEREST OR ACCOUNTS TO BE OPENED:**

<input type="checkbox"/> VEHICLE LOAN	<input type="checkbox"/> FREE CHECKING ACCOUNT	<input type="checkbox"/> SAVINGS ACCOUNT
<input type="checkbox"/> MORTGAGE LOAN	<input type="checkbox"/> DIRECT DEPOSIT	<input type="checkbox"/> MONEY MARKET SAVINGS
<input type="checkbox"/> EQUITY LINE OF CREDIT	<input type="checkbox"/> MONEY MARKET CHECKING	<input type="checkbox"/> SAVINGS CLUB ACCOUNTS
<input type="checkbox"/> SIGNATURE LOAN	<input type="checkbox"/> FREE DEBIT CARD	<input type="checkbox"/> CERTIFICATE OF DEPOSIT
<input type="checkbox"/> STUDENT LOAN	<input type="checkbox"/> FREE ATM CARD	<input type="checkbox"/> TRADITIONAL IRA
<input type="checkbox"/> BOAT / RV / ATV LOAN	<input type="checkbox"/> FREE ONLINE BANKING	<input type="checkbox"/> ROTH IRA
<input type="checkbox"/> FREE DELLA PHONE TELLER	<input type="checkbox"/> FREE ONLINE BILL PAY	<input type="checkbox"/> JUVENILE / GUARDIAN ACCTS.

**DESIGNATION OF BENEFICIARY (INDIVIDUAL ACCOUNTS) OR PAY ON DEATH PAYEES (JOINT ACCOUNTS) WITH RIGHT OF SURVIVORSHIP**

I designate the individual(s) named below as my primary payable-on-death beneficiary(ies) for the share(s) specified. I hereby revoke all prior designations, if any made by me with respect to the specified share(s). If any beneficiary shall predecease me, his or her interest, and the interest of any of his or her heirs, shall then terminate. The percentage share of remaining beneficiaries shall be adjusted upward on the prorated basis. Also, unless otherwise instructed by me in writing, I understand that upon my death, the beneficiary(ies) interest will be paid out in the manner selected by the individual beneficiary(ies).

**Beneficiary #1**

Name:	SS#:	Date of Birth:	Today's Date:
Address:		City, State, Zip:	
Applicable to the following shares:			Share %:

**Beneficiary #2**

Name:	SS#:	Date of Birth:	Today's Date:
Address:		City, State, Zip:	
Applicable to the following shares:			Share %:

**TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING INFORMATION**

Under penalty of perjury, I certify that the number shown below is my correct Taxpayer Identification Number (TIN) and:

- I am a U.S. person (including a U.S. resident alien), and
- I am not subject to backup withholding, because I am exempt: 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 interests or dividends; or the IRS has notified me that I am no longer subject to backup withholding.
- I am subject to backup withholding.

**By signing below I/we give DayMet Credit Union permission to obtain a consumer credit report and Chex Systems report.**

Primary Member Signature _____	Social Security Number or Taxpayer Identification Number _____
Joint Member #1 Signature _____	Social Security Number or Taxpayer Identification Number _____
Joint Member #2 Signature _____	Social Security Number or Taxpayer Identification Number _____

**FREE PERSONAL FINANCE REVIEW**

DayMet Credit Union, Inc. offers a free service to identify opportunities for improving your personal debt. Members interested in a free **Personal Financial Review** and in saving money on their consumer loans may take advantage of this service at any time. Simply consent to a review and we'll help you identify your current debts and the interest rates you are paying. DayMet can then offer suggestions for helping you reduce your monthly debt payments. To take advantage of the optional service please initial where indicated.

Primary Member Initials: \_\_\_\_\_ Joint Owner #1 Initials: \_\_\_\_\_ Joint Owner #2 Initials: \_\_\_\_\_

**DAYMET USE ONLY: PERSONAL FINANCE REVIEW**

	ESTIMATED BALANCE	RATE
Mortgage Loan	\$ _____	_____ %
2nd Mortgage Loan	\$ _____	_____ %
Home Equity Line	\$ _____	_____ %
Vehicle Loan #1	\$ _____	_____ %
Vehicle Loan #2	\$ _____	_____ %
Total Credit Cards	\$ _____	_____ %
Other Loan #1	\$ _____	_____ %
Other Loan #2	\$ _____	_____ %

**NOTARY**

Signatures and Initials on this document were subscribed in my presence and I hereby affixed my seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary signature: \_\_\_\_\_ Printed: \_\_\_\_\_

Notary Public, State of: \_\_\_\_\_ Recorded in: \_\_\_\_\_ Cty.

My commission expires: \_\_\_\_\_, 20\_\_\_\_.