

#### ST. JAMES PARISH CREDIT UNION

6195 Cheviot Road / Cincinnati, OH 45247 Memberline: (513) 385-5921

# WWW.STJPCU.COM

Application for: Account No. Information Account Type: Share/Savings □ New Acct **PANTHER SAVER** □ Existing #

IEW MEMBERS Fill in Homeroom only if known. Account number will be assigned by credit union.		Home Room	
. ACCOUNT OWNERSHIP Sele	ect one/See back for detailsN	NEW PANTHER SAVERS ONLY!	
INDIVIDUAL (STUDENT NAM Deposit and withdrawal rights. JOINT WITH SURVIVORSHIF Equal ownership and deposit at HAVE CREDIT UNION CALL. MEMBER APPLICATION Fill	ox and withdrawal rights. ME TO DISCUSS OTHER TYPI		
	,		
ame 1 - Student Name	Social Security No.	Date of Birth	
	Social Security No. / City/State	Date of Birth  / Zip	
reet /	,	/	
ame 1 - Student Name  treet  ome Phone Number  ame 2 - Joint Owner/Authorized Signer*	/ City/State	/ Zip	

- (1) the number shown on this form is my correct taxpayer identification number,
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I ave 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,
- I am a U.S. person (including a U.S. resident alien)

Certification instructions: 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

#### D. AUTHORIZATION - Signatures required

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, the Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable and to any amendments the Credit Union makes from time to time, which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. The IRS does not require your consent to any provision on this document other than the certifications required to avoid backup withholding.

PANTHER Saver		Date
Member Signature		
_	X	
Joint/Authorized		Date
Member Signature		
_	X	
Joint/Authorized		Date
Member Signature		
	X	
EMAIL Address (1)		
EMAIL Address (2)		

#### ST. JAMES CREDIT UNION INSTRUCTIONS

## ATTENTION EXISTING PANTHER SAVERS

Complete existing account number and homeroom only. Return form.

#### ATTENTION NEW PANTHER SAVERS

This form must be completed and returned. An account number will be issued at that time.

#### Section A: OWNERSHIP (Select ONE)

Select a form of ownership for the account. Your child's name should appear as Name 1 regardless of the ownership selected. Most common is "JOINT WITH SURVIVORSHIP" naming one or two parents as joint owners. Call the credit union for other types of ownerships available.

#### **Section B: MEMBER APPLICATION**

Complete the information for owners/authorized signers of the account. Provide year of graduation for your child.

### Section C: CERTIFICATION/TIN

Read this section carefully and if conditions apply, as described, take action as directed in this section.

#### **Section D: SIGNATURES**

Provide signatures of each individual named in the "Member Application" section on the respective name lines.

If you have any questions in completing the application, or have questions regarding accounts and services provided by St. James Parish Credit Union, please contact:

Millie Nie, PANTHER Saver Coordinator 385-5921

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Visit our website for more information on PANTHER Saver Program and other savings/loan products for your family!

