



INDIVIDUAL MEMBERSHIP APPLICATION

Opportunities

CREDIT UNION

92 North Avenue, Burlington, VT 05401

P: 802.865.2003 or 800.865.8328 F: 802.860.6123

I'd like to open the following package: (\$35 minimum to open an account, \$5 membership fee, \$5 share & \$25 savings deposit)

Total enclosed _____

Get On Track Package

Services: Direct Deposit, Phone Banking, MoneySense Enrollment

Share Savings

Debt Reduction Plan (pick one)

_____ Savings

_____ Tracker Loan

Basic Package

Services: Direct Deposit, eBanking, ATM/Debit card

Share Savings

Basic Draft (\$40 to open)

PowerSaver Package

Services: Direct Deposit (required), eBanking, ATM/Debit card & Auto Transfer (required)

Share Savings

Free Draft (\$40 to open)

Auto Transfer to: (pick one)

Savings Amount: _____

Share Savings

Money Market (\$500 minimum)

Power Saver CD (\$100 minimum)

Loan Amount: _____

Mortgage Amount: _____

May we use your name in support of Opportunities Credit Union's public relations/marketing efforts? Yes No

MEMBER INFORMATION (Required)

Name (please print) _____ Date of Birth: _____

SSN: _____ Drivers License #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

Work Phone: _____ Email: _____

Source of Income: _____ Occupation: _____ Mother's Maiden Name: _____

CO-OWNER INFORMATION

Name (please print) _____ Date of Birth: _____

SSN: _____ Drivers License #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

Work Phone: _____ Email: _____

Source of Income: _____ Occupation: _____ Mother's Maiden Name: _____

**PLEASE COMPLETE AND SIGN REVERSE SIDE OF THIS APPLICATION FORM
(to add a beneficiary(s), please request a Beneficiary Application)**

TAX CERTIFICATION

Under the penalties of perjury I certify that:

- (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 form 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. 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.

ADDITIONAL INFORMATION

Some of our most important programs are funded by grants that require us to provide statistical information to monitor our community economic impact. For this, we depend upon you. You are not required to provide the information, but encouraged to do so. We may note race and sex on the basis of visual observation or surname. *We respect your privacy and do not share or utilize this information for credit decisions.*

| | |
|---|---|
| MEMBER <input type="checkbox"/> I do not wish to furnish this information | CO-OWNER <input type="checkbox"/> I do not wish to furnish this information |
| Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
| Race: <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native <input type="checkbox"/> Hawaiian or other Pacifica Islander <input type="checkbox"/> White | Race: <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native <input type="checkbox"/> Hawaiian or other Pacifica Islander <input type="checkbox"/> White |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| <input type="checkbox"/> Married/CU <input type="checkbox"/> Unmarried (single, widowed, divorced) <input type="checkbox"/> Separated | <input type="checkbox"/> Married/CU <input type="checkbox"/> Unmarried (single, widowed, divorced) <input type="checkbox"/> Separated |

REFERRAL

- Referred by Member (please include name of member) : _____
- Referred by Opportunities Credit Union Staff (please include name) : _____
- Advertisement () Yellow Pages () Tradeshow () Mailing () Internet () Other: _____
- Referred by an organization (business, non-profit, government, etc): _____
- Other: _____

SIGNATURES (Required)

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth In Savings, E Banking Disclosure, Rate and Fee Schedule, the patriots Act, funds Availability Policy Disclosure, if applicable, and to any amendment 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. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge the receipt of the Electronic Funds Transfer Agreement. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

By signing below, I understand that I became an associate member of Opportunities, Inc., Opportunities Credit Union’s development partner. As such, I pledge to support community development and wealth building.

X _____
Signature Date

X _____
Signature Date

| |
|---|
| FOR OFFICE USE ONLY: MEMBER NUMBER _____ Welcome Packet Sent _____ (Initial) _____ (Date) _____ Date Opened: _____ Opened By: _____ OFAC: Primary _____ Joint: _____ NCPS: Primary _____ Joint: _____ Eligibility: (circle one) ONE WIN VDI |
|---|



To open your account by mail:

1. Complete the enclosed Individual Membership Application
2. Make one check or money order payable to “Opportunities Credit Union” for your deposit, plus \$35.
(\$5 one-time membership fee, \$5 required share deposit and a \$25 initial deposit)
3. Include a clear photocopy of a valid, government issued picture ID (i.e. Driver’s License or Passport) for each signer.
4. Have your signature(s) notarized by a notary public.
5. Mail in your application and your initial deposit to:

Opportunities Credit Union
Attn: Member Services
92 North Avenue
Burlington, VT 05401

6. If you prefer to wire your initial deposit, mail us the application and contact:
Member Services at 802-865-2003 or toll free 800-865-8328 for the wire instructions.

Disclosure: For incoming wires, there is a \$10 wire deposit fee.