



**Hometown Credit Union**  
 P.O. Box 4290 -- 30th & Wisman Ln, Quincy, IL 62305  
 (217) 221-7339

## Membership Application

// Membership Share Savings ( required)  
 // Checking // Certificate  
 // Other // Other // IRA // HSA  
 List other \_\_\_\_\_

### Membership Application/Ownership Information

Member \_\_\_\_\_ Acct.# \_\_\_\_\_  
 Street \_\_\_\_\_ SSN \_\_\_\_\_  
 City/St./Zip \_\_\_\_\_ Home phone \_\_\_\_\_  
 Driver's Lic. # \_\_\_\_\_ Work phone \_\_\_\_\_  
 Birth date \_\_\_\_\_ Code Word \_\_\_\_\_  
 Employment \_\_\_\_\_ Time on Job \_\_\_\_\_

*By signing below I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in Savings, Rate and Fee Schedule, Funds Availability Policy, and Disclosure, if applicable, and to any amendments Hometown 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 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 (below) to avoid backup withholding. BY SIGNING BELOW, I certify, in accordance with the IRS W-9 instructions provided by Hometown Credit Union and under penalties of perjury, that the Social Security number or Taxpayer Identification Number (SSN/TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.*

// I am subject to backup withholding  
 // I am not a citizen of the USA (Need a W-8 form)  
 // I am Exempt

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR HOMETOWN CREDIT UNION USE ONLY

Date of Membership \_\_\_\_\_ Opened by: \_\_\_\_\_  
 Acct. # Verified // yes // no Credit Report // yes // no  
 ATM/DC \_\_\_\_\_ On-line Statements // yes // no  
 e-mail address \_\_\_\_\_

### SERVICES REQUESTED

// Payroll Deduction // Direct Deposit  
 // Overdraft Protection from acct # \_\_\_\_\_  
 // Overdraft Protection from acct # \_\_\_\_\_  
 // ATM/Debit Card // EFT Services

### ACCOUNT OWNERSHIP

// Individual // Multiple Owners with survivorship  
 // Multiple Owners without survivorship // Trustee  
 // Custodial—Name & SSN must be the Minors all other info is for Custodian who must sign and is only person who can do transactions

Joint owner \_\_\_\_\_ SSN \_\_\_\_\_  
 Street \_\_\_\_\_ DLN \_\_\_\_\_  
 City, St., Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Birth date \_\_\_\_\_ Code Word \_\_\_\_\_

Joint owner \_\_\_\_\_ SSN \_\_\_\_\_  
 Street \_\_\_\_\_ DLN \_\_\_\_\_  
 City, St., Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Birth date \_\_\_\_\_ Code Word \_\_\_\_\_

Joint owner \_\_\_\_\_ SSN \_\_\_\_\_  
 Street \_\_\_\_\_ DLN \_\_\_\_\_  
 City, St., Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Birth date \_\_\_\_\_ Code Word \_\_\_\_\_

### ACCOUNT DESIGNATIONS

// Trust Beneficiary // All accounts // See Below

Beneficiary \_\_\_\_\_ Birth date \_\_\_\_\_  
 Street \_\_\_\_\_ SSN \_\_\_\_\_  
 City, St., Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Beneficiary \_\_\_\_\_ Birth date \_\_\_\_\_  
 Street \_\_\_\_\_ SSN \_\_\_\_\_  
 City, St., Zip \_\_\_\_\_ Phone \_\_\_\_\_

// Custodian \_\_\_\_\_  
 Custodian SSN \_\_\_\_\_ (DBA ON INQUIRY)  
 All information in the Membership except the name and SSN should be applicable to the custodian. BE SURE TO USE THE BENEFICIARIES' SSN.  
 Specialnotes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_