



# MEMBERSHIP APPLICATION

**A \$5 minimum deposit** is required with this completed form and a **photocopy of your driver's license or picture ID** (signed) to open a new membership account. When opening a checking account, be sure to include a **deposit of at least \$25** when you return this completed application. If you have any questions about this application, please call us at (651) 451-5160 or (800) 813-9185.

## PLEASE COMPLETE AND SIGN BACK OF APPLICATION

<b>Date</b>	<b>Member Number</b>	<b>Name</b>
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### Account Type (check all that apply.)

<b>Accounts</b> <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Bean Sprout Savers Club (age 0-12) <input type="checkbox"/> iSave Club (ages 13-17) <input type="checkbox"/> Automatic Savings <input type="checkbox"/> Club Savings <input type="checkbox"/> Money Maker (Money Market)	<input type="checkbox"/> CD <input type="checkbox"/> Beneficiary (POD) <input type="checkbox"/> Transfers to Minor (UTMA) <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Online Bill Pay <input type="checkbox"/> Online Banking (includes eStatements)	<b>Checking Accounts</b> <input type="checkbox"/> eChecking <input type="checkbox"/> FREE Checking <input type="checkbox"/> Rewards <input type="checkbox"/> FREE 55	<b>VISA Credit Card (see other side)</b> <input type="checkbox"/> Limit Request \$ _____
			<b>Ready Cash Plus</b> (Overdraft protection) <input type="checkbox"/> Limit Request \$ _____

### Applicant (Please print. Complete all sections and sign on the back.)

NAME: Last	First	Middle	Employer	Position/Title	Years Employed
Street Address (No PO Boxes)		Years at Residence	Gross Monthly Income	<input type="checkbox"/> Renter <input type="checkbox"/> Home Owner	Monthly Payment
			\$		\$
City	State	Zip	Email Address		
Mailing Address (If different than above)			Home Phone	Business Phone	
			( )	( )	
Driver's License or State ID #			Membership Eligibility: <input type="checkbox"/> CHS <input type="checkbox"/> Dakota County <input type="checkbox"/> Family <input type="checkbox"/> LOL <input type="checkbox"/> Other _____		
Social Security #		Date of Birth	Security/Password (I.E., Mother's Maiden Name, Pet Name, Etc.) - Optional		

### Checking Account (Primary applicant must complete the following information)

Has anyone on this application had a checking account closed by a financial institution without his or her consent within the last 12 months, or ever been convicted of a criminal offense because of the use of a check or similar item within 24 months of this application?

Yes  No If yes, please list financial institution and explain \_\_\_\_\_

### Joint Applicant (Please complete if you wish to have another individual joint on your account indicated in Account Type section.)

NAME: Last	First	Middle	Employer	Position/Title	Years Employed
Street Address (No PO Boxes) If different than applicant		Years at Residence	Gross Monthly Income	<input type="checkbox"/> Renter <input type="checkbox"/> Home Owner	Monthly Payment
			\$		\$
City	State	Zip	Email Address		
Mailing Address (If different than above)			Home Phone		
			( )		
Driver's License or State ID #		HCU Member #	Business Phone		
			( )		
Social Security #		Date of Birth	Security/Password (I.E., Mother's Maiden Name, Pet Name, Etc.) - Optional		

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## Beneficiary/POD or UTMA Designation

Note: One child per UTMA. Age to disburse funds  18 or  21

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Relationship \_\_\_\_\_

2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Relationship \_\_\_\_\_

## Important Information About Procedures to Open a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means to you: When you open an account, we will ask your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

## Authorization and Signatures (Both signatures required for a joint account.)

**By signing below,** I/we acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings and Fee Schedule, Funds Availability Policy and Electronic Funds Transfer Agreement, and any amendments the credit union makes to these documents from time to time. HCU is authorized to check my/our account, credit, identity and employment history and to obtain a consumer report from third parties, including credit reporting agencies to verify my/our eligibility for the accounts and services requested in connection with this application and for any update, renewal, or extension of credit or services. If a Visa card(s) is/are approved and issued, I/we agree that by signing, using or permitting another to use the card(s) I/we will be bound by the cardholder disclosure included with the credit card(s).

**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 US citizen (including a US resident alien).

**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 failed to report all interest and dividends on your tax return.

**Visa Applicants:** I/We understand that the use of this credit card constitutes acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures mailed to me/us. In addition, I/we grant Heartland Credit Union a security interest in all individual and joint share and/or deposit accounts I/we have with you now and in the future to secure my/our credit card account. When I/we am/are in default, I/we authorize you to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest I/we have given in my/our shares and deposits.

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
 Member's Signature Joint Member's Signature

**ANY FAX TRANSMISSION OF YOUR SIGNATURE MAY BE HELD EQUALLY ENFORCEABLE AS YOUR GENUINE SIGNATURE.**

Account Type	Rate	Variable Rate Information for Purchases, Cash Advances, and Balance Transfers	Annual Fee	Grace Period for Repayment of Balances	Method of Computing Balance	Transaction Fee for Purchases	Minimum Finance Charge
VISA Classic	<b>12.9%</b>	Your <b>APR</b> may vary. The <b>rate</b> is determined by an index equal to prime <b>rate</b> plus a margin of <b>9.65%</b>	-\$0-	Purchases - 25 days	Average Daily Balance Method (including new purchases)	None	None
VISA Gold	<b>9.9%</b>	Your <b>APR</b> may vary. The <b>rate</b> is determined by an index equal to prime <b>rate</b> plus a margin of <b>6.65%</b>	-\$0-	Cash Advances - None			
iSave (Student) VISA	<b>12.9%</b>	Your <b>APR</b> may vary. The <b>rate</b> is determined by an index equal to prime <b>rate</b> plus a margin of <b>9.65%</b>	-\$0-				

The "other" charges affecting each Heartland VISA account include: "Rush" card fee—\$20 each; Statement copies—\$5 each; Copies of sales drafts—\$5 each (originals are \$10 each); Returned NSF payments—\$30 each; Lost card replacement—\$10 each; and Late payment fee—\$20/month. The rates, terms, and fees described are as of 2/1/2010 and may have changed since that date. To find out what may have changed, call us at (651) 451-5160, (800) 813-9185 or write us at P.O. Box 64608, St. Paul, MN 55164.

OFFICE USE ONLY								
JOINT PRIMARY	ID Verified	OFAC Check	eFunds Check	Checks Ordered	Check Card 1 2 3 4	Joint Card 1 2 3 4	Teller #	Verified By