



## MEMBERSHIP APPLICATION

A **\$5 minimum deposit** is required with this completed form and **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

DATE	MEMBER NUMBER	NAME				
<b>Account Type (Check all that apply.)</b>						
<b>Accounts</b> <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> "Bean Sprout Savers Club" (ages 0-12) <input type="checkbox"/> "iSave Club" (ages 13-17) <input type="checkbox"/> eSavings		<input type="checkbox"/> Beneficiary (POD) <input type="checkbox"/> Transfers to Minor (UTMA) <input type="checkbox"/> BillPay <input type="checkbox"/> Home Banking <input type="checkbox"/> Direct Deposit		<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 Requested \$ _____  <b>Ready Cash Plus (overdraft protection)</b> <input type="checkbox"/> Limit Requested \$ _____	
<b>Applicant (Please print. Complete all sections and sign on the back.)</b>						
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 ( )	
DRIVERS LICENSE OR STATE ID#			MEMBERSHIP ELIGIBILITY: <input type="checkbox"/> CHS <input type="checkbox"/> LOL <input type="checkbox"/> DAKOTA COUNTY <input type="checkbox"/> FAMILY <input type="checkbox"/> OTHER _____			
SOCIAL SECURITY #		DATE OF BIRTH	SECURITY/ PASSWORD (I.E., MOTHER'S MAIDEN NAME, PET NAME, ETC.)			
<b>Checking Account (Main applicant must complete the following information.)</b>						
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 making this application?						
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list financial institution and explain. _____						
<b>Joint Applicant (Please complete if you wish to have another individual listed joint on your account as indicated in Type of Account section.)</b>						
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 ( )	BUSINESS PHONE ( )	
DRIVERS LICENSE OR STATE ID#		HCU MEMBER #		BUSINESS PHONE ( )		
SOCIAL SECURITY #		DATE OF BIRTH	SECURITY/ PASSWORD (I.E., MOTHER'S MAIDEN NAME, PET NAME, ETC.)			

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