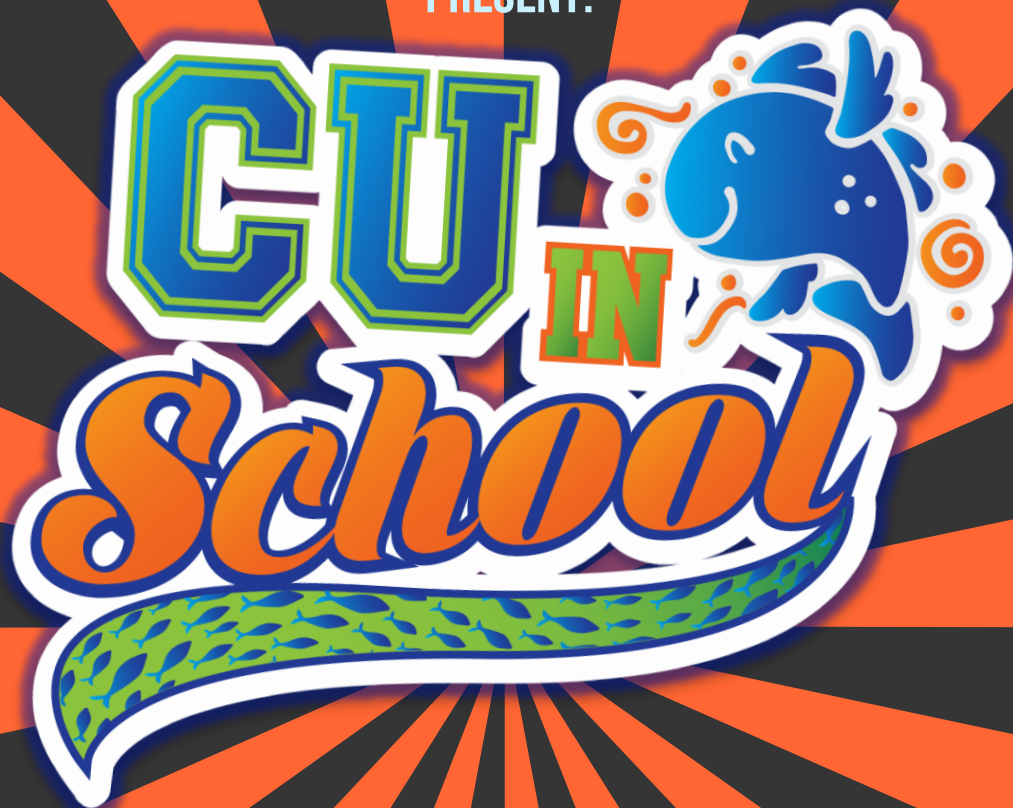


**ABITA
SPRINGS
ELEMENTARY**



**ST TAMMANY
FEDERAL CREDIT
UNION**

PRESENT:



**CU DEPOSIT
DAY**

9 AM

**TUESDAY
10/10/19**

CU Rollin' will visit Abita Springs Elementary the designated CU Deposit Day. Student members will board CU Rollin' to conduct their transaction.

- Online student membership applications can be accessed via the school website.
- Printable applications may be available in the office, and via the school website.
- Printed applications will be accepted on CU Rollin.

(Please send application, along with copies of required identification for both primary (student) and joint (parent/guardian) applicant, along with the initial \$5 deposit in a sealed envelope on CU Deposit Day.)

<http://abitaspringselementary.stpsb.org>

www.MySTFCU.org

CU CREW - APPLICATION FOR MEMBERSHIP - CU IN SCHOOL PROGRAM

STFCU

CU CREW YOUTH SAVINGS MEMBERSHIP APPLICATION

Welcome to **St Tammany Federal Credit Union**. This application establishes membership. The **CU Crew** youth savings account is for members under 23 years of age; This application is designed for **St Tammany Parish Public School** students that are currently attending a school that is enrolled in our **CU in School** program, and wish to open a **CU Crew** savings account in order to participate on **CU Deposit Days**. Please complete, sign, and return this form to **St Tammany Federal Credit Union** at any of our convenient locations, along with all required documents (listed near the bottom of application).

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: Federal law requires all financial institutions to help the government fight the funding of terrorism and money laundering activities by obtaining, verifying, and recording information that identifies each person who opens an account. What this means to you: When you open an account, we ask for 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.

PRIMARY MEMBER (STUDENT)

FIRST NAME: _____ LAST NAME: _____

PHONE NUMBER: _____ DOB: _____ SSN: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

CURRENT SCHOOL: _____ **SCHOOL YEAR:** 20 /20 _____

JOINT ACCOUNT HOLDER (PARENT/GUARDIAN OF STUDENT)

FIRST NAME: _____ LAST NAME: _____

PHONE NUMBER: _____ DOB: _____ SSN: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

PHYSICAL ADDRESS: _____

CITY / STATE / ZIP: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____ OCCUPATION/JOB TITLE: _____

ACCOUNTS AND SERVICES

SELECT THE ACCOUNT TYPE(S) YOU WISH TO OPEN: CU CREW SHARE/SAVINGS (REQUIRED) ONLINE BANKING

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, 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 agreements 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 Fund Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PRIMARY SIGNATURE (youth/student) _____ **DATE** _____

JOINT SIGNATURE (parent/guardian) _____ **DATE** _____

\$5.00 INITIAL DEPOSIT IS REQUIRED WITHIN 30 DAYS TO COMPLETE THE ACCOUNT OPENING PROCESS.

Required Identification as Follows Must Be Attached/Included with Application:

Primary (youth/student): Birth Certificate Social Security Card

Joint (parent/guardian): Driver's License OR State ID OR Passport Birth Certificate OR Social Security Card