

# Membership Application for Minor



A minimum deposit of \$5.00 is required to open a Lanco FCU savings account. A valid Driver's License or Photo ID is required for each applicant. A \$5.00 service charge will be assessed for accounts closed within 90 days.

Credit Union Use Only

Acct #: \_\_\_\_\_

Red Flag/OFAC

Initials \_\_\_\_\_

Please check all that you are applying for in addition to a savings account:

Hang Ten Savings  Child/Teen Certificate  Other \_\_\_\_\_

If minor is age 13 or older, a checking account is also available:

Kasasa checking — Select one:  Tunes  Cash  Cash Back  Cash + Saver  Cash Back + Saver

Debit card delivery:  Mail  Pick up at Roseville Issue debit card for Joint Owner(s)?  Yes  No Order checks?  Yes  No

## Primary Owner (Minor)

NAME	SOCIAL SECURITY #	DATE OF BIRTH
ADDRESS	CITY	STATE ZIP
PHONE # <input type="checkbox"/> Home <input type="checkbox"/> Cell	OTHER PHONE #	<input type="checkbox"/> Home <input type="checkbox"/> Cell
MEMBERSHIP ELIGIBILITY	HOW DID YOU HEAR ABOUT US?	

**This section to be completed by the primary owner.** If you have been notified by the IRS that you are currently subject to backup withholding due to under-reporting interest or dividends on your tax return, you must cross out item 2 of the certification below.

Certification of Taxpayer Identification Number:  
Under 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 either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or 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).

## Joint Owner (1)

NAME	SOCIAL SECURITY #	DATE OF BIRTH
ADDRESS	CITY	STATE ZIP
PHONE # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	DRIVER'S LICENSE #	STATE EXP.

## Joint Owner (2)

NAME	SOCIAL SECURITY #	DATE OF BIRTH
ADDRESS	CITY	STATE ZIP
PHONE # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	DRIVER'S LICENSE #	STATE EXP.

What types of transactions do you expect to be processing against this account?

Deposits  Withdrawals  Payroll deposits  Check cashing  Outgoing Wires  Incoming wires  Other \_\_\_\_\_

Please check the options below that best describe your travel activity: ("Frequent" meaning more than 5 times per year)

WITHIN THE U.S. (OUTSIDE OF PA):  Frequent  Infrequent INTERNATIONALLY:  Frequent  Infrequent

## Account Agreement

I hereby make application for membership of Lanco Federal Credit Union and agree to conform to its bylaws and amendments thereof, copies of which are available for my review, and to subscribe for at least one share. By signing below, I acknowledge receipt of the disclosures and agree to the terms and conditions applicable to the accounts and services requested. I understand that a credit review may be performed for any owners age 18 or above as part of my account opening, and it will not be considered as part of my membership application or affect my credit score. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

X \_\_\_\_\_  
Primary Owner Signature\* Date

\* If the child is not old enough to sign, the parent or guardian should sign the child's name followed by the parent or guardian's initials.

X \_\_\_\_\_  
Joint Owner (1) Signature Date

X \_\_\_\_\_  
Joint Owner (2) Signature Date