



Cochise Credit Union
170 N Haskell Ave
Willcox, Az. 85643
520-384-2822

New Member Checklist

Do I qualify to become a member of the Cochise Credit union?

Membership eligibility:

- I live or work in 85643, 85644, 85625, 85606, 85605 or 85632 (must provide proof of physical address, such as a utility bill or Id with street address)
 - I am related to a Member of Cochise Credit Union.
 - I work for one of the following companies: Sulphur Springs Valley Electric Cooperative, Sierra Southwest Cooperative, Arizona Electric Power Cooperative, or Valley TeleCom Group.
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What is the minimum deposit required to open an account at Cochise Credit Union?

A minimum deposit of \$26.00 is required at the time of account opening.

- \$25.00 membership share (remains in the savings account at all times.)
 - \$1.00 is a one-time membership fee.
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What do I need to bring with me to open my account?

Required Identification

Each new applicant must provide one primary and one secondary form of identification, along with proof of current physical address.

Primary ID

- Unexpired US State photo ID card
- Unexpired US State driver's license.
- Unexpired US Passport.
- Unexpired US Military photo ID.
- Unexpired US Federal photo ID

Secondary ID such as:

- Voter registration, current and issued in state of residence.
- US Social Security Card
- Current health insurance/Medicare card.
- Concealed Carry Permit with photo

To expedite the new account process, please bring in the required documentation when you come in to open your account.

What can I expect?

If you opened a Share Account only (Savings)

Account statements received on a quarterly basis.

If ordering an ATM card please allow 10-14 business days for shipping.

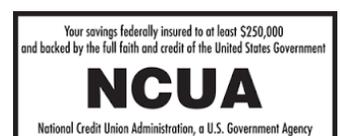
If you opened a Share Draft Account (Checking)

Account statements received on a monthly basis.

You will receive 8 temporary checks for free at account opening.

If placing a check order please allow 10-14 business days for shipping.

If ordering a Visa Debit card please allow 10-14 business days for shipping.



NOTICE REQUIRED BY USA PATRIOT ACT: To help the government fight the funding of terrorism and money laundering activities, you must provide your name, address, date of birth and other information that will identify each person who signs this application. We may retain copies of your identifying documents. We may also use outside sources, such as consumer reporting agencies, to confirm the information you provided.

By signing below, I hereby make application for membership in Cochise Credit Union and agree to subscribe for at least one share. In considering this application and/or any request for financial services, I authorize the Credit Union to check my credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with me. I/we agree to conform to the Credit Union's rules, regulations, bylaws, and policies now in effect and as amended or adopted hereafter. I/we acknowledge receipt within 10 days of my account being opened of the Credit Union's Account Agreement, Truth-In-Savings Disclosure and Account Terms and Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfers Disclosure, and Privacy Policy which are incorporated into and made a part of this application and agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. (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 Member Signature

Date

Joint Member Signature

Date

COCHISE CREDIT UNION
P.O. Box 1154
Willcox, AZ 85644-1154
(520) 384-2822



ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: _____

Member/Owner:

Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility:
Employer:	

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts Designate Specific Accounts _____

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:

UTMA/UGMA (as custodian for Minors Act) (minor) under the Uniform Transfers/Gifts to Minors Act

Minor's SSN/TIN: _____

Agency Print Name of Agent: _____
Signature _____ Date: _____

All Accounts Designate Specific Accounts _____

Other: See Account Authorization Card

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Suffix	Suffix
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> HSA: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Other: _____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit:	
<input type="checkbox"/> Audio Response:	
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):	
<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:	
<input type="checkbox"/> Other:	

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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), 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 U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

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.*

<p>X</p> <p>_____ Signature</p> <p>_____ Date</p>	<p>X</p> <p>_____ Signature</p> <p>_____ Date</p>
<p>X</p> <p>_____ Signature</p> <p>_____ Date</p>	<p>X</p> <p>_____ Signature</p> <p>_____ Date</p>

FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Card

Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking