

MEMBERSHIP INFORMATION	
Member/Owner Name:	Member No.:
Street Address:	City/State/Zip:
SSN/TIN:	Mother's Maiden Name:
Home Phone:	Work Phone:
Driver's Lic. No. or State ID (if applicable):	Date of Birth:
Email (Required for E-Statements):	Membership Eligibility: <input type="checkbox"/> Family <input type="checkbox"/> Employer <input type="checkbox"/> Community
Family Member Name/Acct #: (If Applicable)	Employer: (If Applicable) User Field:

JOINT OWNER #1 INFORMATION (REQUIRED ON YOUTH ACCOUNT)	
Joint Owner Name:	SSN/TIN:
Street Address:	City/State/Zip:
Home Phone:	Work Phone:
Date of Birth:	Email:

JOINT OWNER #2 INFORMATION (REQUIRED ON YOUTH ACCOUNT)	
Joint Owner Name:	SSN/TIN:
Street Address:	City/State/Zip:
Home Phone:	Work Phone:
Date of Birth:	Email:

TYPE OF ACCOUNT (Please refer to your membership agreement for terms of the accounts selected below)
<input checked="" type="checkbox"/> Savings (Required) <input type="checkbox"/> Checking <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Secondary Savings

SERVICES FOR ACCOUNT
<input type="checkbox"/> Direct Deposit <input type="checkbox"/> Access Service <input type="checkbox"/> Debit Card <input type="checkbox"/> Order Checks <input type="checkbox"/> E-Statements <input type="checkbox"/> Debit Card RoundUP

OVERDRAFT PROTECTION
<input type="checkbox"/> Overdraft Protection: <input type="checkbox"/> Savings _____

GOALS
Goal Purpose _____ Target Amount _____

PARENT-TO-KID SAVINGS CONTRACT

INVEST WITH YOUR KID

I, _____, agree to match a portion of funds saved by _____ for the purpose of a
 _____ and/or _____ based on the following conditions:

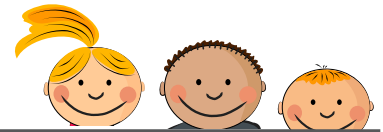
Funds will be matched at \$ _____ for every dollar, up to \$ _____. All funds must be used solely for the purpose(s) of agreed above.
 Funds must be saved in an interest-bearing account that is clearly designated as a savings fund. Funds may only be withdrawn for these purposes:
 _____, _____, _____. Funds saved must be either earned directly by _____ or
 received by _____ at birthdays, holidays, etc. This contract is set to expire _____.

Signed: X _____ X _____
 CHILD'S SIGNATURE PARENT'S SIGNATURE

Bridge Credit Union, Inc.

Federally Insured by NCUA





BACKUP WITHHOLDING CERTIFICATIONS (If not a "U.S. Person", certify foreign status separately)

TIN (Taxpayer Identification Number):

- ☐ The number shown above is my correct taxpayer identification number.
- ☐ **Backup Withholding** - 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 Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- ☐ **Exempt Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

USA PATRIOT ACT

In accordance with the USA PATRIOT ACT, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. This includes all personal and commercial accounts including loan and deposit accounts, as well as trust, brokerage, insurance, and investment management accounts.

WHAT THIS MEANS TO OUR MEMBERS

When you open an account, you will be asked for your name, address, social security or tax identification number, date of birth (or charter date if a business) and other information that will allow Bridge Credit Union to identify you. You will also be asked to furnish your drivers license, Social Security Card for minor children, or other identifying documents. We are required to follow this procedure each time an account is opened, even if you are a current member of Bridge Credit Union.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Truth in Savings (TIS) /Rate/Fee Schedule and to any amendments thereto which are by this reference incorporated in their entirety into the disclosure. I/we agree to be bound by the terms and conditions of the disclosures and application. I/we understand the credit union will mail the TIS, Fee and Rate Schedule within 10 days of receipt of this application. I/we authorize you to gather any credit, checking account and employment information deemed appropriate from time to time. I certify under penalties of perjury the statements on this form and that I am a U.S. person (including a U.S. resident alien.)

X SIGNED: _____ **DATE:** _____

X SIGNED: _____ **DATE:** _____

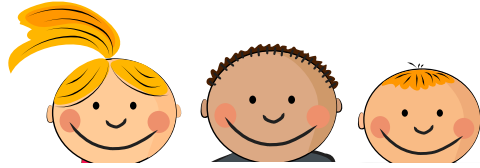
Email is not a secure communication. Please take appropriate cautions if emailing this form.

FOR CREDIT UNION USE ONLY

Date of Membership:	CU Membership Approved By:
Member ID Verified By:	Driver's License #:

☐ ChexSystems ☐ OFAC ☐ Credit Report ☐ Address ☐ Truth-In-Savings Sent **REG E Opt-In:** Accept _____ Decline _____

Notes:



Optional Form - Keep at
home with your kid

PARENT-TO-KID SAVINGS CONTRACT

INVEST WITH YOUR KID

I, _____, agree to match a portion of funds saved by

PARENT'S NAME

_____ for the purpose of a _____

CHILD'S NAME

GOAL ONE

and/or _____ based on the following conditions.

GOAL TWO

GOAL PURPOSE: _____

WRITE WHAT YOU ARE SAVING FOR

TARGET AMOUNT: \$ _____

SAVINGS GOAL (TOTAL AMOUNT OF MONEY)

Funds will be matched at \$ _____ for every dollar, up to \$ _____.

PARENT'S CONTRIBUTION

MAXIMUM AMOUNT

All funds must be used solely for the purpose(s) of agreed above. Funds must be saved in an interest-bearing account that is clearly designated as a savings fund. Funds may *only* be withdrawn for these purposes:

_____, _____, _____.

Funds saved must be either earned directly by _____

YOUTH'S NAME

or received by _____ at birthdays, holidays, etc.

YOUTH'S NAME

This contract is set to expire _____.

ENTER ENDING DATE

SIGNED:

X

CHILD'S SIGNATURE

X

PARENT'S SIGNATURE

Disclosure: Bridge Credit Union is not responsible for monitoring youth account on the basis of this agreement; it is the responsibility of the parent/guardian/signer to monitor all activity. This agreement offered as an optional tool to help youth members save and set goals.

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