



MEMBERSHIP APPLICATION

SAVE TIME BY APPLYING ONLINE! Visit www.bridgecu.org and click "Apply Now".

MEMBER NUMBER: _____

SIGN ME UP! (Please complete the following information)

To join the Credit Union you must meet one of the following criteria:

- Select Employee Group or Organization: _____
Name of Employer or Organization
- Family Member: _____
Name of Family Member
- I live, work, worship, or attend school in the Hilltop (West Columbus, OH) or Montgomery County (Dayton, OH)
- Employee of Distribution, Logistics, Construction, Engineering or Warehousing within the Transportation Industry.

REQUIRED What is the purpose of your account (i.e. primary account, savings, wires, loans)?

HOW DID YOU HEAR ABOUT BRIDGE?

- Orientation
- Advertisement
- Friend/Family Referral
- Event
- Website
- Other: _____

ACCOUNT OWNERSHIP (What type of account do you want to setup?)

- Individual
- Joint Account
- Charitable/Organizational Account
- Trust
- Other: _____

PRIMARY OWNER

Full Name:	Mother's Maiden Name:
SSN/TIN:	Date of Birth:
Home Address:	City/State/Zip:
Mailing Address (If different from home address):	City/State/Zip:
Home/Cell Phone:	Work/Other Phone:
State ID or Drivers License Number/Type/State/EXP Date:	
Email (<input type="checkbox"/> Yes! I want eStatements):	
Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Mail If we need to call, when is the best time to call:	Current Employer:

OPTIONAL. Share your social media username(s) so Bridge can stay connected to you!

Facebook: _____ Twitter: _____ Pinterest: _____ Instagram: _____

SELECT YOUR BRIDGE SERVICES (Please refer to the terms and conditions of your account that were provided)

- Savings (Required)
- Checking
- Money Market Savings
- Secondary Savings
- Youth Savings
- Health Savings
- Certificate
- IRA
- Christmas Club → Disbursement Month (select one) September October November

COURTESY ADVANCE COVERAGE (Fees may apply)

If funds are **NOT** available in your account do you want Bridge to cover your debit/ATM transactions? Yes No

OVERDRAFT PROTECTION

If funds are **NOT** available in your checking, please transfer funds from...

- Savings _____
- Line of Credit _____
- Other Account _____
- Visa® Platinum Credit Card (Cash Advance)

AUTHORIZATIONS (SIGNATURE REQUIRED)

*By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement and to any amendments the Credit Union makes from time to time. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested, or receipt of a copy within an appropriate amount of time after requesting services remotely. **IMPORTANT INFORMATION ABOUT PROCEDURES FOR A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, federal law requires that all financial institutions obtain, verify and record 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 ask to see your driver's license 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. **NOTICE TO ALL OHIO RESIDENTS: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE EQUALLY AVAILABLE TO ALL CREDIT-WORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS ACT.** I certify that all information submitted is true and complete. I/we authorize the credit union to gather any credit, checking account and employment information deemed appropriate from time to time.

TIN CERTIFICATION BACKUP WITHHOLDING INFORMATION: Instruction - Cross through any statement that does not apply. Under penalties of perjury, I certify that: **1.** The number shown on this form is my correct Social Security Number (SSN) or Taxpayer Identification Number (TIN); **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 IRS that I am subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; **3.** I am a U.S. citizens or U.S. resident alien.

X: _____ DATE: _____

Signature of Primary Owner

