

FINANCIAL INSTITUTION INFORMATION

FI NAME: **Bridge Credit Union**

FDIC **OR** NCUA CERTIFICATE NUMBER: **62406**

APPLICANT INFORMATION

NEW ACCOUNT
 (Applicant's first account)

ACCOUNT-TO-ACCOUNT TRANSFER
 (Applicant is moving to a new Financial Institution)

NAME OF PRIOR
 FINANCIAL INSTITUTION:

APPLICANT

FIRST NAME:

MIDDLE NAME (Optional):

LAST NAME:

DATE OF BIRTH: (Must be 18 years old at the time of application)

Month Day Year

SOCIAL SECURITY NUMBER
OR INDIVIDUAL TAX ID NUMBER:

SSN ITIN

APPLICANT PRIMARY ADDRESS (CANNOT BE PO BOX AND MUST BE IN OHIO)

STREET ADDRESS LINE 1:

STREET ADDRESS LINE 2:

CITY:

STATE:

ZIP CODE:

COUNTY:

APPLICANT MAILING ADDRESS (IF DIFFERENT THAN PRIMARY ADDRESS)

STREET ADDRESS LINE 1:

STREET ADDRESS LINE 2:

CITY:

STATE:

ZIP CODE:

EXPECTED OPENING DEPOSIT (\$100 MINIMUM TO OPEN)

INITIAL DEPOSIT AMOUNT:

CERTIFICATION STATEMENT

The Applicant hereby certifies 1) they are over 18 years of age, 2) they are a resident of the State of Ohio, 3) the funds in their Ohio HomeBuyer Plus savings account shall be used exclusively for eligible program home purchase costs, 4) they shall hold not more than one Ohio HomeBuyer Plus savings account at any one time except as allowed in the Ohio HomeBuyer Plus savings Participation Statement, 5) they have reviewed the Ohio HomeBuyer Plus savings Participation Statement and will comply with all its provisions and requirements, and 6) they have not knowingly made any false statements or provided false information.

The Applicant certifies they will notify Bridge Credit Union if they no longer meet these Certification Statements.

SIGNATURE OF APPLICANT:

X

DATE

