

Student Member Service Agreement • Part 1



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Welcome! We look forward to serving you!

Thank you and congratulations on becoming a member of ELGA Credit Union! As a member and an owner of our credit union you will enjoy the numerous benefits and advantages of our accounts, loans and services, along with our excellent member service. To learn more about us and the incredible products and services available to you, please visit one of our branches or call us anytime we are open for business. You can also visit us at our website for more information. Thank you again for being a member of our credit union. We look forward to serving you!

OWNER INFORMATION (An owner can open, initiate, conduct transactions on, maintain, change, add, terminate and close an account, product or service) 1

Owner 1 Name	Address	City	State	ZIP
Home/Cell Phone	Work Phone	Mailing Address (if different from physical address)	City	State ZIP
E-mail	Social Security Number	Date of Birth	Driver's License-State, Number, Issuance & Expiration Date	
Employer	Occupation	Mother's Maiden Name/Password		

ACCOUNT(S) ☐ Savings ☐ Checking 2

SERVICE(S) ☐ Debit Card ☐ ATM Card ☐ eStatement 3

MULTIPLE OWNER(S) INFORMATION (An owner can open, initiate, conduct transactions on, maintain, change, add, terminate and close an account, product or service) 4

Parent or Guardian/Owner 2 Name	Address	City	State	ZIP
Home/Cell Phone	Work Phone	Social Security Number	Date of Birth	E-mail Address
Driver's License-State, Number, Issuance & Expiration Date	Employer	Occupation	Mother's Maiden Name/Pass	

Parent or Guardian/Beneficiary	Address	City	State	ZIP
Home/Cell Phone	Work Phone	Social Security Number	Date of Birth	E-mail Address
Driver's License-State, Number, Issuance & Expiration Date	Employer	Occupation	Mother's Maiden Name/Pass	

TAX INFORMATION CERTIFICATION: By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Employer Identification Number (EIN) shown is my/the correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.
☐ I am subject to backup withholding ☐ Exempt ☐ I am not a United States citizen or resident (complete W-8 form) 5

ACKNOWLEDGMENT: Owner 1 is (or represents) a member, or applies for membership pursuant to ELGA Credit Union's (referred to as "we", "us" & "our") bylaws, policies and this Member Service Agreement (referred to as the MSA and Parts 1 & 2). All owners (referred to as "you" & "your") request the accounts, products and services selected on this Part 1 form, and acknowledge receiving Part 2 (the terms and conditions) of this MSA, which includes the Funds Availability disclosures, Electronic Fund Transfer disclosures, Privacy Policy and Rate & Fee disclosures. Part 2 has been e-mailed to Owner 1's address if available. To provide you with excellent service and for identification purposes, you agree we may review and image your current identification, and obtain and use credit, account and employment reports to verify your eligibility for accounts, products and services we may offer. You affirm the information provided in this Part 1 is accurate, and has been completed according to your instructions. You understand this MSA governs your accounts, products, services and other aspects of your relationship with us whether initiated now or in the future, and agree that we may rely exclusively on this MSA and have no obligation to rely on any other documents. You also understand an owner may conduct transactions on and open, initiate, maintain, change, add, close or terminate accounts, products and services, as explained in Part 2 of this MSA. If you provide a mobile phone number, you agree we may text and call you at the number about products and services that you have or we may offer. To benefit all members, you agree we may change this MSA, and those changes are binding on you. You understand you may call us with questions or obtain a copy of this MSA from us during business hours (and Part 2 from our website at any time), and may open, initiate, maintain, change, add, close or terminate an account, product, service or membership at any time according to this MSA. To assure consent to and the legibility and accuracy of this Part 1 form, you agree that we may require this Part 1 to be notarized or re-completed and re-signed. By signing or otherwise authorizing this Part 1, by using an account, product or service, or by receipt or availability of a statement, you agree to this MSA Parts 1 & 2. The IRS does not require your consent to any provision of this MSA other than the certification required to avoid backup withholding (in Section 5 above). 6

Owner 1 Signature Parent/Guardian Owner 2 Signature Parent or Guardian/Beneficiary Acknowledgment

State of _____ in the county of _____. Notary _____

This Agreement was signed before me on _____. Commission Expires _____

by _____

Name(s) of Account Owner(s)

OFFICE USE ONLY	CU Employee Name	ID Number	Field of Membership	Date
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Questions? Contact us anytime we're open for business!