

Latvian Cleveland Credit Union

Membership Application & Agreement

800-577-1996
1385 Andrews Ave
Lakewood, OH 44107

Account Number

Account Ownership:

☐ Individual ☐ Joint with Survivorship ☐ Trust ☐ UTMA/UGMA
☐ Corporation ☐ Partnership ☐ Association or Club

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

Primary Owner Information ☐ Member ☐ As Custodian for Minor Child

SSN:		First, Last Name:			
Address		City		State	Zip Code
Home Phone	Cell Phone	E-mail		Birth Date	
Employer's Name & Address				Mother's Maiden Name	

Joint Owner ☐ Joint Owner ☐ Minor Child ☐ Trustee ☐ Other

SSN:		First, Last Name:			
Address		City		State	Zip Code
Home Phone	Cell Phone	E-mail		Birth Date	
Employer's Name & Address				Mother's Maiden Name	

Additional Joint Owner

SSN:		First, Last Name:			
Address		City		State	Zip Code
Home Phone	Cell Phone	E-mail		Birth Date	
Employer's Name & Address				Mother's Maiden Name	

Pay on Death (POD) Beneficiaries

In the event of my death, or the death of all owners, I/We designate the following beneficiary(ies) to receive

SSN:		First, Last Name:			
Address		City		State	Zip Code
Home Telephone	Cell Phone	E-mail Address		Birth Date	

I hereby certify that I am eligible to join the Latvian Cleveland Credit Union because:

☐

I am of Latvian descent

☐

A member of my immediate family is of Latvian descent _____(name)

☐

I am a member of the Estonian Lutheran Church of Cleveland

☐

I am a member of the American Latvian Association (ALA)

☐

I am of Lithuanian descent or former member of Taupa Lithuanian Credit Union

Signature _____ **Date** _____

Authorization

Taxpayer Identification and Backup Withholding

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number and, unless this box is checked ☐, I am NOT subject to backup withholding under Section 3406(a)(1)(c) of the IRS Code.

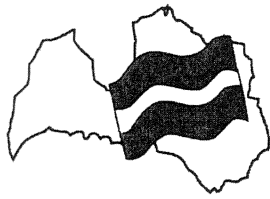
By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein.

Primary Member Signature _____ **Date** _____

Joint Member Signature _____ **Date** _____

Additional Joint Member Signature _____ **Date** _____

***Please enclose a copy of your Driver's License with this application as well as a \$100 initial deposit(your "share" of the Credit Union) to open the account ***



Latvian Cleveland
Credit Union

Member Name: _____
Account #: _____

New Member Questionnaire

Why are you interested in opening an account with the Latvian Cleveland Credit Union?

Which of the following services are you primarily interested in, and foresee using?

- _____ Checking/Savings Account
- _____ ATM card
- _____ VISA Gift and Travel Cards
- _____ Online Banking
- _____ Online BillPay, Automatic Transfers and Bill Payments
- _____ Obtaining a loan for _____
- _____ Investing in a _____ CD _____ IRA _____ Coverdell _____ Money Market
- _____ Scholarship opportunities for children
- _____ Wire transfers _____ Domestic _____ International

Do you foresee the Latvian Cleveland Credit Union serving as your primary transactional banking institution? If no, what services would you like to see offered?
