



17811 E U.S. Highway 40, Independence, MO 64055

2007 Broadway St, Kansas City, MO 64111

5090 North Oak Trafficway, Kansas City, MO 64118

Membership Application

How to Join:

CCCU Membership is open to anyone living or working in Jackson or Clay county, or in the 64150 & 64151 zip codes.

It all starts with our Share Savings account, the first account you open as a voting member. Please bring in the following items, along with this signed and completed application, to any of our 3 convenient locations listed above:

-A form of non-expired, government-issued photo identification, such as a driver's license or passport.

-At least a \$25 deposit for your Share Savings account.

Primary Account Holder

Print Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
E-Mail: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

Joint Owner (If Applicable)

Print Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
E-Mail: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

AUTHORIZATION

By signing below, I/we acknowledge the above information is correct, and authorize the credit union to obtain a credit report in connection with this application. 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. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. \*Transactions restricted by the Unlawful Internet Gambling Enforcement Act of 2006 are prohibited from being processed through this commercial account effective June 1, 2010.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Joint Signature \_\_\_\_\_

Date \_\_\_\_\_

Referred by:

[ ] Family/Friend: \_\_\_\_\_ [ ] Employer: \_\_\_\_\_
Name Name