



CO-OP SERVICES CREDIT UNION
 P.O. BOX 51700 · LIVONIA, MI 48154
 1-800-321-8570

ACCOUNT NUMBER

MEMBER NUMBER

MEMBERSHIP APPLICATION

Child Information:

Name	Birthdate	
Address	Social Security Number / /	
City	State	Zip
Phone Number ()		
Mother's Maiden Name		

Joint Owner(s) / Custodian(s):

Minors are required to have an adult (18 years or older) as joint owner on all accounts.

Name	Birthdate	
Address	Social Security Number / /	
City	State	Zip
Phone Number ()		
Driver's License Number / State ID		Email Address

Name	Birthdate	
Address	Social Security Number / /	
City	State	Zip
Phone Number ()		
Driver's License Number / State ID		Email Address

Beneficiary(ies)

Upon the death of the last surviving owner, the funds in these accounts shall become the property of the beneficiary(ies) listed below who are alive at that time. You may change the beneficiary(ies) identified below without the written consent of all other parties to the account.

Name of Beneficiary	Social Security #	Phone ()
Address	Relationship	
Name of Beneficiary	Social Security #	Phone ()
Address	Relationship	

Taxpayer Identification Number

I certify under penalties of perjury that the taxpayer identification number (TIN) - social security number - provided above is correct. I am a U.S. person (including a U.S. resident alien), and I am either exempt from backup withholding under Internal Revenue Service regulations, or I am not subject to backup withholding.

The above statement is true with the exception of:

- I am subject to backup withholding because of underreported interest and dividends.
- I am a Foreign Recipient and have provided this institution with the appropriate Form W-8 certification.

Child Signature X _____ Date _____

By SIGNING BELOW I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN, AND AGREE TO ABIDE BY THE BYLAWS AND AMENDMENTS OF Co-op Services Credit Union and subscribe for at least one share. I also agree and acknowledge receiving a copy of Co-op Services Credit Union's Membership Account Disclosures.

I/We understand and agree to the terms and conditions of the Co-op Services Credit Union accounts for which I/we are applying for. I/We understand that any rules, fees or service charges associated with my/our accounts with Co-op Services Credit Union are outlined on a separate disclosure and/or fee schedule. I/We certify that the information given is true and complete, and authorize you to verify or check any of the information given, obtain additional information concerning my/our credit standing, and to furnish the same to others. All services you extend will be subject to the regulations you provide. If this is a joint account, it will be our joint obligation and ownership and responsibility of this account passes to the survivor.

Child Signature X _____ Date _____

Joint Owner/Custodian Signature X _____ Date _____

Joint Owner/Custodian Signature X _____ Date _____