



# Business MEMBERSHIP APPLICATION

Photo ID on File \_\_\_\_\_ OFAC Reviewed \_\_\_\_\_

To become a member of Directors Choice Credit Union, please complete and return this application to the Credit Union along with your minimum deposit of \$25. This \$25 minimum must remain in the Choice Share account for you to remain a member. This share balance must be maintained in order to utilize other Credit Union products and services.

Office Use Only  
SHARE ACCOUNT #

*If you have any  
questions, call DCCU  
at 800-593-5920.*

*Incomplete applications may delay processing*

**BUSINESS ENTITY** (circle one): Corporation Partnership LLC Sole Proprietor

Firm Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Owner/President \_\_\_\_\_ Date of Birth \_\_\_\_\_

## MEMBERSHIP ELIGIBILITY

Eligibility Relationship \_\_\_\_\_

*I/we hereby make application for membership in the Directors Choice Credit Union by subscribing for at least one share and agree to conform to the laws and amendments thereof.*

*I certify that this business does not engage in an Internet gambling business.*

\_\_\_\_\_  
Signature / Title

## Provide Your Tax Identification Number and Signature.

Federal law prohibits us from establishing an account without a valid Social Security or Tax Identification Number.

**CERTIFICATION OF TAXPAYER** Tax ID Number

My correct taxpayer identification number is: \_\_\_\_\_

**\*CERTIFICATION:** Under penalties of perjury, I certify: (1) that the number shown on this form is my correct taxpayer identification number; (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

\_\_\_\_\_  
Taxpayer Signature & Title

\_\_\_\_\_  
Date

## SHARE ACCOUNT AGREEMENT

The Directors Choice Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The signer(s) of this account hereby agree with Directors Choice Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all signer(s) with all accumulations thereon are subject to withdrawal or receipt of any of them, and payment to any of them shall be valid and discharge Directors Choice Credit Union from any liability for such payment. The signer(s) also agree to the terms and conditions of the account as established by the Credit Union from time to time.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by said signers except by written notice to Directors Choice Credit Union which shall not affect transactions theretofore made.

**Social Security #**

**Account Signers**

(1) \_\_\_\_\_  
\_\_\_\_\_

Print Name Signature

(2) \_\_\_\_\_  
\_\_\_\_\_

Print Name Signature

3) \_\_\_\_\_  
\_\_\_\_\_

Print Name Signature

## TOTAL INITIAL DEPOSIT

**Please allocate the total amount enclosed as follows:** \$ \_\_\_\_\_

Choice Share Account (\$25 minimum deposit) \$ \_\_\_\_\_

Share Accounts (Savings)

Holiday Club \$ \_\_\_\_\_

Auto Club \$ \_\_\_\_\_

Vacation Club \$ \_\_\_\_\_

Checking Account (Share Draft) \$ \_\_\_\_\_

Include the completed Checking (Share Draft) Agreement and Application

Money Market Account \$ \_\_\_\_\_

Share Certificates/IRA Certificates

6 Month \$ \_\_\_\_\_

12 Month \$ \_\_\_\_\_

12 Month Step-Up \$ \_\_\_\_\_

18 Month \$ \_\_\_\_\_

24 Month \$ \_\_\_\_\_

24 Month Add-on Certificate \$ \_\_\_\_\_

36 Month \$ \_\_\_\_\_

48 Month \$ \_\_\_\_\_

60 Month \$ \_\_\_\_\_