

# Student Information Membership Application & Permission Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Driver's License Issue Date: \_\_\_\_\_

Driver's License Expiration Date: \_\_\_\_\_

## Joint Applicant Information

Students under 18 must have parent or guardian as joint account holder

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Joint Applicant:  Savings  Checking  Other:

Driver's License Number: \_\_\_\_\_

Driver's License Issue Date: \_\_\_\_\_ Driver's License Expiration Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

### Parent/Guardian Authorization

I hereby request and authorize the above student to open the following accounts with CHROME Federal Credit Union

(Check all that apply)  Savings  Checking  Debit Card  Other:

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreements, Truth-in-Savings Disclosure, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge a receipt of the agreements and disclosures applicable to the accounts and services requested herein. If an access card of EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent to any provision of this contract other than the certifications required to avoid backup withholding.

Student Signature: \_\_\_\_\_