



iTHINK Financial Credit Union
P.O. Box 5090, Boca Raton, FL 33431-0890
800.873.5100 • ithinkfi.org • serviceplus@ithinkfi.org

MEMBERSHIP APPLICATION Minor Account

Member #:

A. Products & Services

Membership Savings (required) Teen Checking (age 13-17)*
*Comes with Visa debit card

B. Minor Primary account owner information

Name (First)	(Middle)	(Last)	
Membership Eligibility (Employer, County or Qualifying Person)	Social Security # / Tax ID #	Date of Birth	Security Password (For phone verification)
Driver License # or Government Issued ID #	State/Issuer	Issue Date	Expiration Date

Home Phone	Cell Phone	By providing your cell phone number, you are providing us with express consent to contact you via phone or text, including through the use of an automated dialing system.
------------	------------	--

Will this be your primary bank account Yes No	Email	By providing your email address, you are consenting to receive emails from the Credit Union and its non-affiliated third party providers regarding products and services.
---	-------	---

Home Address (No PO Boxes) Same as Parent/Guardian and Joint Owner Unit # City State ZIP

Mailing Address (If different) Unit # City State ZIP

C. Parent/Guardian and Joint Owner

Name (First)	(Middle)	(Last)	Relationship to Minor
Joint Account Owner #	Parent's Cell Phone	Email	

D. Important information about your account

By signing this document, I/we acknowledge receipt of and agree to all terms and conditions in the Membership Agreement and Disclosures and all other disclosed terms and conditions of all accounts and services that I/we may receive at iTHINK Financial Credit Union. These terms and conditions will be disclosed in accordance with applicable state and federal laws. I/We authorize iTHINK Financial Credit Union to obtain a consumer credit report to evaluate my/our creditworthiness. Additionally, I/We acknowledge that my/our property may be transferred to the appropriate state if there has been no activity on any of my/our accounts within the time period specified by state law.

E. Parent/Guardian Agreement

As the parent/legal guardian of the minor listed above, I understand that me and the minor listed above will hold the account as joint tenants with rights of survivorship. I further agree that I will be responsible to pay to iTHINK Financial Credit Union any debts, obligations, or service charges that may arise out of the use of the minor's account or any person authorized by me or the minor. I further agree to indemnify iTHINK Financial Credit Union for all expenses or losses arising out of the minor's accessing, use or misuse of the account and/or related services, including but not limited to any research costs, legal expenses, attorneys' fees or other costs incurred by iTHINK Financial Credit Union.

By signing below, I acknowledge that I have reviewed iTHINK Financial Credit Union's Privacy Policy and agree to the terms and conditions contained therein.

F. Important information about opening a new account

Under the USA Patriot Act, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account. Therefore, when you open an account at iTHINK Financial Credit Union, we will ask for your name, address, date of birth, and other identifying information. We may also ask to see your driver license or other form of identification.

Under penalties of perjury, I certify that, unless otherwise specified below: (1) the social security number or taxpayer identification number provided on this Application is correct, (2) I am not subject to backup withholding due to failure to report interest and dividend income, and (3) I am a U.S. citizen. Please check the box(s) below if applicable:

Primary Owner: I am not a U.S. Citizen
I am subject to backup withholding

Joint Owner: I am not a U.S. Citizen
I am subject to backup withholding

THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

MINOR SIGNATURE (optional)	DATE
X	

PARENT/GUARDIAN SIGNATURE	DATE
X	

Federally Insured by NCUA