



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

MEMBERSHIP APPLICATION

Member #:

A. Products & Services

Membership Savings (required)

Checking Account*: _____

*Comes with Visa debit card

Don't miss out on member-only perks!

Check here to get exclusive offers by text on events and special promotions from iTHINK Financial. You may opt out at any time. By checking this box, you are providing express written consent to iTHINK Financial Credit Union to send marketing and promotional materials via text message, including through the use of a prerecorded automated dialing system.

Which of our products are you interested in obtaining?

Mortgage

Credit Card

Auto Loan

Other Loan

Money Market/Certificate

B. Primary account owner information

Name (First)	(Middle Initial)	(Last)	(Suffix)	Membership Eligibility (Employer, County or Qualifying Person)
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Social Security # / Tax ID #	Date of Birth	Employer	Occupation
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Home Address (No PO Boxes)	Unit #	City	State	ZIP
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Mailing Address (If different)	Unit #	City	State	ZIP
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Driver License # or Government Issued ID #	State/Issuer	Issue Date	Expiration Date	Security Password (For phone verification)
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Will this be your primary bank account Yes No	Cell Phone	Other Phone (Work, Home, or Other)
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Email

C. Add the following joint owner on my account (do not complete if you will be the only owner on the account)

Name (First)	(Middle Initial)	(Last)	(Suffix)	Relationship to Primary
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Social Security # / Tax ID #	Date of Birth	Employer	Occupation
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Home Address (No PO Boxes)	Unit #	City	State	ZIP
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Mailing Address (If different)	Unit #	City	State	ZIP
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Driver License # or Government Issued ID #	State/Issuer	Issue Date	Expiration Date	Security Password (For phone verification)
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Email	Cell Phone	Other Phone (Work, Home, or Other)
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D. Beneficiary information (optional)

Payable on Death (POD) / Trust Account: In the event of my death, I designate the following beneficiary to receive all sums in this account (with the exception of IRA accounts, which have a separate designation of beneficiaries), provided this designation has not been superseded by a subsequent designation or change in account ownership, such as adding a joint owner.

Beneficiary Name	Relationship to Primary	Social Security # / Tax ID #	Date of Birth
Address		Phone #	

E. Expected Activity

To better serve our members and to comply with Federal Law to combat terrorism and money laundering, please select any typical activity you expect to conduct on a monthly basis.

Will you deposit or write checks? Yes No	If Yes, would you like to use mobile deposit to deposit checks? Yes No
Will you deposit cash? Yes No	If Yes, estimated monthly cash deposit \$0 - \$1,000 \$3,000 - \$5,000 \$10,000 + \$1,000 - \$3,000 \$5,000 - \$10,000
Will you withdraw cash? Yes No	If Yes, estimated monthly cash withdrawal \$0 - \$1,000 \$3,000 - \$5,000 \$10,000 + \$1,000 - \$3,000 \$5,000 - \$10,000
Will you send wires? Yes No	If Yes, estimated monthly outgoing wires \$0 - \$1,000 \$3,000 - \$5,000 \$10,000 + \$1,000 - \$3,000 \$5,000 - \$10,000
Will you receive wires? Yes No	If Yes, estimated monthly incoming wires \$0 - \$1,000 \$3,000 - \$5,000 \$10,000 + \$1,000 - \$3,000 \$5,000 - \$10,000
Will you send wires to or receive any wires from non-US locations? Yes No	If Yes, what country(s): _____

F. 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. By signing I agree to a one-time waiver of privacy rights to disclose your membership(s) opening with respect to the FamilyPlus or other applicable referral promotion.

G. 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:	<input type="checkbox"/> I am not a U.S. Citizen	Joint Owner:	<input type="checkbox"/> I am not a U.S. Citizen
	<input type="checkbox"/> I am subject to backup withholding		<input type="checkbox"/> 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.

MEMBER SIGNATURE	DATE
X	

JOINT SIGNATURE	DATE
X	

Federally Insured by NCUA



CONSENT FORM FOR OVERDRAFTS

What You Need to Know about Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. Please refer to the Membership and Account Agreement (Agreement) for a more thorough explanation of factors that determine when an overdraft occurs and when you may incur a fee for overdrawing your account. The terms of the Agreement are incorporated herein, and both this document and the Agreement are meant to be interpreted together. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to another account of yours, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Share drafts/checks, and other transactions made using your checking account
- Automatic bill payments
- ACH transactions

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- One-time debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if the Credit Union pays my overdraft?

Under our standard overdraft practices:

- We will charge you a fee of \$29.00 each time we pay an overdraft.
- There is a limit of \$145.00 per day on the total fees we can charge you for overdrawing your account.
- We will not charge a checking account participating in the standard overdraft program an overdraft transaction fee if a transaction of \$5.00 or less overdraws an account.

What if I want the Credit Union to authorize and pay overdrafts on my one-time debit card transactions?

If you want us to authorize and pay overdrafts on one-time debit card transactions, call (800) 873-5100, or complete the form below and present it to a branch, or mail it to iTHINK Financial Credit Union, Attn: Overdraft Administrator, PO Box 5090, Boca Raton, FL 33431.

If there are multiple owners on your account, any account owner can act on behalf of all account owners. Only one (1) account owner is needed to add or decline/remove the overdraft coverage.

ADD COVERAGE

- ☐ I want the Credit Union to authorize and pay overdrafts on my one-time debit card transactions. I understand I will be charged fees as listed above.
I have the right to revoke this coverage at any time by contacting the Credit Union in writing or by phone.

DECLINE/REMOVE COVERAGE

- ☐ I do not want the Credit Union to authorize and pay overdrafts on my one-time debit card transactions.

Print Name: _____

Date: _____

Member Number: _____