



iTHINK Financial Credit Union
 P.O. Box 5090, Boca Raton, FL 33431-0890
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MEMBERSHIP APPLICATION

A. Products & Services

Savings/Membership Account (Required)
 Checking Account*: _____
 *Comes with Visa debit card

Other:
 eStatements I want paper statements
 iTHINK Financial Credit Union Online Account Access

Member #:

B. Primary account owner information

Name (First)		(Middle)	(Last)	Date of Birth
Social Security # / Tax ID #	Occupation		Eligibility (List your Employer, County, or Qualifying Person or Organization)	Employer (if not previously listed)
Home Address (No PO Boxes)		Unit #	City	State ZIP
Mailing Address (If different)		Unit #	City	State ZIP
Driver License # or Government Issued ID #		State/Issuer	Issue Date	Expiration Date Security Password (For phone verification)
Home Phone	Work Phone		Cell Phone <small>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.</small>	
Will this be your primary bank account Yes No	Email		<small>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.</small>	

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)	(Last)	Date of Birth
Social Security # / Tax ID #	Occupation		Employer (if not previously listed)	Joint Account Owner #
Home Address (No PO Boxes)		Unit #	City	State ZIP
Mailing Address (If different)		Unit #	City	State ZIP
Driver License #		State/Issuer	Issue Date	Expiration Date Security Password (For phone verification)
Home Phone	Work Phone		Cell Phone <small>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.</small>	
Relationship to Primary	Email		<small>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.</small>	

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. Important information about your account

By signing this document, I/we acknowledge receipt of and agree to all terms and conditions in the Membership Account Agreement booklet 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.

Overdraft Protection: Your Membership also includes standard Overdraft Protection that automatically transfers funds from your Membership Savings to your Checking, in case there are insufficient funds to pay ACH, checks or other items. If you qualify, we may pay ACH, Bill Pay and Check items from your checking account even though it will result in a negative balance. See your Membership Disclosure and Overdraft Privilege Agreement (ODP) for complete rules and fees.

Check here to also authorize the Credit Union to pay overdrafts for your Debit Card transactions and other items through the ODP program. Fees apply; please refer to your current Fee Schedule for details.

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.

MEMBER SIGNATURE	DATE
X	

JOINT SIGNATURE	DATE
X	

Federally Insured by NCUA