

# TALERIS CREDIT UNION, INC. MEMBERSHIP APPLICATION

## 1. Qualification for Membership | WE CANNOT PROCESS YOUR APPLICATION WITHOUT THE REQUIRED PROOF OF ELIGIBILITY

TO BE ELIGIBLE FOR MEMBERSHIP, YOU MUST LIVE, WORK, ATTEND SCHOOL OR WORSHIP IN CUYAHOGA, MEDINA, LORAIN, LAKE, SUMMIT, GEAGA, PORTAGE OR STARK COUNTY OR, WORK FOR A TALERIS CORPORATE PARTNER, OR BE A RELATIVE OF A CURRENT TALERIS MEMBER, OR JOIN A PARTICIPATING ASSOCIATION.

A complete listing of Taleris Corporate Partners and participating associations can be found at [www.taleriscu.org/partners+associations/](http://www.taleriscu.org/partners+associations/)

**VALID IDENTIFICATION INCLUDES:** a valid Ohio Driver's license or State ID. If you are eligible because of where you work, attend school or worship, include a recent pay stub, or a school schedule, or a donation envelope or letter from your place of worship. Family Referral Letters are available at [www.taleriscu.org/applications](http://www.taleriscu.org/applications) or call 800.828.6446. Association membership requires an additional, one time \$5.00 fee added to your initial deposit.

CHECK ONLY ONE:  New Application  Update \_\_\_\_\_  
Membership Number Date

<p><b>CHECK ONE</b></p> <p><input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Attend School <input type="checkbox"/> Worship</p>	<p><b>IF YOU CHECKED LIVE, WORK, ATTEND SCHOOL, OR WORSHIP—CHECK TO INDICATE YOUR COUNTY</b></p> <p> <input type="checkbox"/> Cuyahoga <input type="checkbox"/> Medina <input type="checkbox"/> Lorain <input type="checkbox"/> Lake <input type="checkbox"/> Summit <input type="checkbox"/> Geauga <input type="checkbox"/> Portage <input type="checkbox"/> Stark  <input type="checkbox"/> Ashtabula <input type="checkbox"/> Ashland <input type="checkbox"/> Trumbull <input type="checkbox"/> Wayne <input type="checkbox"/> Mahoning <input type="checkbox"/> Columbiana         </p>
<p><input type="checkbox"/> Work for Taleris Corporate Partner <i>(Enter company name. Include recent pay stub)</i></p>	
<p><input type="checkbox"/> Relative of current Taleris Member <i>(Enter Member Name. Include Family Referral Letter)</i></p>	
<p> <input type="checkbox"/> Join Association <i>(requires additional \$5 added to initial deposit)</i> <input type="radio"/> Public Animal Welfare Society             <input type="radio"/> Seven Hills Historical Society         </p>	

## 2. Enclose Initial Deposit to open account (Association Members require an additional \$5.00 in initial deposit to cover Association Fee)

**AN INITIAL DEPOSIT MUST BE INCLUDED WITH THIS APPLICATION.** Minimum deposit is \$5.00 — check or money order Payable to: Taleris CU is preferred. **DO NOT SEND CASH. NOTE: If you are eligible because of Association Membership, include the \$5 Assoc. Fee with your initial deposit (can be totaled on one check).**

Initial Deposit Amount \_\_\_\_\_  Check  Money Order  Other \_\_\_\_\_

## 3. Choose account type (For Account Type descriptions, see the Account Types form available at [www.taleriscu.org/applications](http://www.taleriscu.org/applications) or call 800.828.6446. For Accounts with Beneficiaries, please fill out the Beneficiary Information Form available at [www.taleriscu.org/applications](http://www.taleriscu.org/applications) or by calling 800.828.6446)

Individual - No Beneficiary
  Individual - With Beneficiary: Payable On Death (POD) Account (Fill out Beneficiary Information Form)
 Joint with Right of Survivorship

## 4. Enter your Personal Information

**PRIMARY MEMBER - FILL OUT COMPLETELY**

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt.# \_\_\_\_\_

PO Box \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone (and area code) \_\_\_\_\_ Cell Phone (and area code) \_\_\_\_\_

SSN/TIN# \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

ID# (Driver's License or Approved ID) \_\_\_\_\_ State of Issue \_\_\_\_\_ Exp. Date (mm/dd/yyyy) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Own Home? Yes/ No \_\_\_\_\_

Current Employer \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail Address \_\_\_\_\_

**JOINT OWNER - FILL OUT COMPLETELY**

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt.# \_\_\_\_\_

PO Box \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone (and area code) \_\_\_\_\_ Cell Phone (and area code) \_\_\_\_\_

SSN/TIN# \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

ID# (Driver's License or Approved ID) \_\_\_\_\_ State of Issue \_\_\_\_\_ Exp. Date (mm/dd/yyyy) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Own Home? Yes/ No \_\_\_\_\_

Current Employer \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail Address \_\_\_\_\_

BEST WAY TO REACH ME DURING NORMAL BUSINESS HOURS:

Home Phone  Work Phone  Cell Phone  Email

BEST WAY TO REACH ME DURING NORMAL BUSINESS HOURS:

Home Phone  Work Phone  Cell Phone  Email

*continued on next side*

5. Choose accounts

- Primary Savings (required for membership)
Classic Checking (Interest Bearing)
Basic Checking (No Monthly Fee) requires direct deposit into checking

Account Options:
No Checks with my checking account
No ATM/Debit Card

I am also interested in learning more about:

- Auto Loans, Home Equity Loans, Mortgage Loans, Personal Loans, Bill Consolidation Loans
Money Market, IRA's, Holiday Savings Acct., Online Bill Pay, Term Share Certificate
Direct Deposit, Payroll Deduction, E-Statements, Business Services

6. Declaration For the Primary member Check appropriate statement(s) in this section, sign and date.

I AM A U. S. PERSON Includes U.S. Citizen, U.S. Resident Alien, Partnership Corporation, company or corporation created or organized in the United States or under the laws of the United States, an estate (other than a foreign estate) or a domestic trust.

Under penalty of perjury, I certify: (1) The number shown on this form is my correct taxpayer ID number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

- I am NOT a U.S. Person. (Complete IRS Form W8BEN)
I am subject to backup withholding. The Internal Revenue service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

X Signature of Primary Member Date

7. Sign application

I/we hereby make application for membership in Taleris Credit Union (TCU) and agree to conform to its articles, bylaws and regulations, and to subscribe for at least one (1) share. I/we agree to be bound by the applicable agreements which have been provided to me/us in current form for the accounts and services listed herein. All accounts designated to have one or more co-owners in addition to the Primary Member shall be in Joint and Survivorship form.

Note: All accounts are insured to \$250,000 by ASI (American Share Insurance), a private member owned insurer. This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. MEMBERS' ACCOUNTS ARE NOT INSURED OR GUARANTEED BY ANY GOVERNMENT OR GOVERNMENT SPONSORED AGENCY.

By signing below, I/we certify that the information on this application is complete, true and submitted for the purpose of obtaining the accounts and services requested. I/we agree that for the purpose of: (a) verifying information on this application or (b) extending credit or services to me/us or (c) reviewing or collecting my/our credit accounts, Taleris Credit Union may, at any time, utilize a credit reporting agency to obtain my/our credit report and/or verify my/our employment.

I understand that this application must be completed in its entirety for Taleris to process my/our request.

CHECK HERE IF THERE ARE ADDITIONAL JOINT OWNERS LISTED ON THE SEPARATE JOINT MEMBER INFORMATION FORM

X Signature of Primary Member Date

X Signature of Joint Owner (if applicable)

8. How Did You Hear About Us?

- Work For, Family or Friend, Previous Member, Branch Banner
Radio Ad, Print Ad, TV Ad, Online, Other (please specify below)

Mail To: Taleris Credit Union, Inc. | ATTENTION: Member Services PO Box 318072 Cleveland, OH 44131-8072

FOR OFFICE USE ONLY: SEG #