

# TALERIS CREDIT UNION, INC. ADDITIONAL JOINT OWNER INFORMATION

**Attach to Membership Application** — NO CHANGES WILL BE MADE TO EXISTING ACCOUNTS

Primary Owner Name _____	Membership Number _____
--------------------------	-------------------------

**PLEASE PRINT ADDITIONAL JOINT OWNER INFORMATION BELOW** (Primary Member and Joint Owner are listed on Membership Application)

**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

**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

**SIGNATURE — PRIMARY MEMBER AND ALL JOINT OWNER(S) MUST SIGN BELOW**

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 credit report and/or may verify my/our employment.

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

Signature of Primary Member	Date
Signature of Joint Owner	Date
Signature of Joint Owner	Date
Signature of Joint Owner	Date