



Checking and Savings Account Application

Please use the Checking and Savings Account Application to:

- Open a **DCU FREE Checking, Dividend Checking, or Premier Checking Account**
- Request a **DCU VISA® Check Card** or **DCU ATM Card**
- Set up **Cross-Account Transfers** – a list of other members to which you may transfer funds using PC Branch or Easy Touch Telephone Teller.
- Open a **Money Market Account**
- Open a **Member-Described Savings Account**
- Open a **Holiday Club Savings Account**

If you are not yet a DCU member, DO NOT USE THIS FORM. You must complete a Membership Application before opening accounts. You can open accounts with the Membership Application as you join DCU.

To speed processing of your application, please follow these steps . . .

1. Fill out your application completely and sign it. Incomplete or unsigned applications will delay processing your request.
2. Mail your application with a check or money order for your initial deposit payable to **Digital Federal Credit Union** to:

**Digital Federal Credit Union
Attn: Account Service Center
220 Donald Lynch Boulevard, PO Box 9130
Marlborough, MA 01752-9130**

What you can expect

Once you mail your application . . .

- **Allow 2 weeks** for your request to be processed. You'll be able to view your new accounts on PC Branch at that time. Visit www.dcu.org and login with your Member Number and secret PIN (Personal Identification Number).
- **Allow 2 additional weeks** to receive a receipt, a Truth-in-Savings Disclosure, and an Electronic Services Disclosure and Agreement. These disclosures are also available online from our web site at www.dcu.org and in our branches.



BANKING – THE DCU WAY
 Digital Federal Credit Union • 220 Donald Lynch Blvd • PO Box 9130 • Marlborough, MA 01752-9130
 508.263.6700 • 800.328.8797 • dcu.org • dcu@dcu.org

New Checking and Savings Account Application

IMPORTANT INFORMATION (Unless you are already a DCU member). We are required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a DCU Account. We will ask for your legal name, residential address, Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), Phone Number, and Date of Birth. **REQUIRED IDENTIFICATION:** No individual can be named on this account in any capacity without having provided the following current identification, one of which must include a picture and one of which must reflect the individual's current residential address as given. If one of these forms of identification includes both, you need only submit that one: • US Driver's License • US Social Security Card • Passport • US Military ID • US Work Visa • Other Government Issued picture ID (2nd ID always required). DCU reserves the right to request additional identification. If you are already a DCU member, you are not required to provide the **REQUIRED IDENTIFICATION**.

Note: If you are not a DCU member, you **must** fill out a Membership Application before opening accounts.

Instructions: Complete only the sections applicable to you. In all cases, you **must** sign this form. If there will be a joint owner on any account you are opening, he or she **must** also sign.

Prime Owner's Legal Name _____ Member # _____ Social Security # ____/____/____ Date of Birth ____/____/____
 Residential address _____

Accounts and Services

Please check all that apply. Check Self for each account you want and Joint to add the person listed under Joint Owner Information.

Self	Joint	Account or Service Requested	Initial Deposit
<input type="checkbox"/>	<input type="checkbox"/>	FREE Checking* (no minimum to open)	\$ _____.
<input type="checkbox"/>	<input type="checkbox"/>	Dividend Checking* (\$2,500.00 minimum balance to earn dividends)	\$ _____.
<input type="checkbox"/>	<input type="checkbox"/>	Premier Checking* (\$10,000.00 minimum balance to earn dividends)	\$ _____.
<input type="checkbox"/>	<input type="checkbox"/>	FREE DCU VISA® Check Card* (checking account required) or DCU ATM Card (Circle Only One)	
<input type="checkbox"/>	<input type="checkbox"/>	FREE PC Branch (already included with your DCU membership)	
I would like to make transfers into the following members' accounts using PC Branch or Easy Touch Teller System (known as Cross-Account Transfers)			
Enable transfers to Member Numbers: _____, _____, _____			
<input type="checkbox"/>	<input type="checkbox"/>	Ltd Savings Account (\$25,000 minimum balance to earn dividends)	\$ _____.
<input type="checkbox"/>	<input type="checkbox"/>	Money Market Account (\$1,000.00 minimum balance to earn dividends)	\$ _____.
<input type="checkbox"/>	<input type="checkbox"/>	"Member Described" Savings (\$100.00 minimum balance to earn dividends)	\$ _____.
Requested account name: _____			
<input type="checkbox"/>	<input type="checkbox"/>	Holiday Club	\$ _____.
Transfer \$ _____ from my DCU Checking Account each month (\$20.00 minimum)			
Transfer \$ _____ from my Savings Account each month (\$20.00 minimum)			
<input type="checkbox"/>	<input type="checkbox"/>	Share to Share	\$ _____.
Transfer from DCU Account _____ Share _____			
Total Enclosed (Make checks payable to Digital Federal Credit Union. Send no cash.) . . . \$ _____.			

*Upon Approval

Joint Owner Information

Joint Owner's Legal Name _____ SS#/TIN ____/____/____ Date of Birth ____/____/____
 Residential Address _____ Apt. # _____ City / State / ZIP _____
 Years at current address _____ If less than 2, my previous address was _____
 Home phone (____) _____ Work phone (____) _____ Member # (if DCU member) _____

Agreement

By signing below, I, meaning each and all who sign this form, request the services listed above and agree that, except as indicated on this form, the information set forth in my initial membership application remain in full force and effect. I hereby agree to conform to the Digital Federal Credit Union's bylaws and the terms and conditions of the *Truth-in-Savings Disclosure and Account Agreements*, the *Electronic Services Disclosure and Agreements*, and the *Schedule of Fees and Service Charges* which are incorporated by reference whether applicable to products and services I am currently requesting or request in the future. By signing this application, I authorize you to gather and exchange whatever credit, checking account, and employment information you consider appropriate from time to time. If I, the Prime Owner, am under 17 years of age, I understand that I must have a parent or guardian of legal age as Joint Owner on any checking accounts I have with DCU. I certify that the information provided on this application is true, correct, and complete.

X _____ X _____
 Prime Owner's Signature Date Joint Owner's Signature Date

Please send me copies of the *Truth-in-Savings Disclosure and Account Agreements*, the *Electronic Services Disclosure and Agreements*, and the *Schedule of Fees and Service Charges*.

Credit Union Use Only

Rec'd ____/____/____ Proc by # _____ X-Ref # _____ Visa Amount \$ _____ Accepted (Y / N) _____
 ID Type _____ # _____ EXP ____/____/____ Add'l Doc. _____

