



**Cochise Credit Union**  
**170 N. Haskell Ave.**  
**Willcox, AZ. 85643**

**COCHISE CREDIT UNION MEMBERSHIP APPLICATION**

- Complete forms in full
- Sign the completed forms
- Submit a check for at least \$26.00 (\$1.00 will be applied to your one-time non-refundable membership fee)
- Please enclose a copy of one of the following for each signer: Unexpired State photo Driver's License, Unexpired State phot ID Card, Unexpired US photo Passport, or US photo Military ID. Your identification must be legible  
For security purposes, your ID must include your photograph, street address and your signature
- Please enclose a 2nd form of ID such as: Voter ID card, Health Insurance Card or Vehicle Insurance card
- Return the completed forms, a check and the copy of your ID to the address below or stop by our office. If you have any questions, please contact us at (800) 828-2822

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**MEMBERSHIP ELIGIBILITY**

- I live or work in 85643, 85644, 85625, 85606, 85605 or 85632
- I am related to a Member of Cochise Credit Union Please provide details below:  
Member Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- I work for one of the following companies: Sulphur Spring Valley Electric Cooperative, Sierra Southwest Cooperative, Arizona Electric Power Cooperative, Southwest Transmission Cooperative or Valley TeleCom Group  
Company Name: \_\_\_\_\_

**ACCOUNT INFORMATION**

<b>ACCOUNT TYPE</b>	<b>REQUIRED MINIMUM</b>	<b>AMOUNT ENCLOSED</b>
<input type="checkbox"/> Regular Shares	\$25.00	\$ _____
<input type="checkbox"/> Share Draft	\$0.00	\$ _____
Membership Fee (Required)	<b>\$1.00</b>	\$ <u>1.00</u>
<b>Total Amount enclosed</b>		\$ _____



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**NOTICE REQUIRED BY USA PATRIOT ACT:** To help the government fight the funding of terrorism and money laundering activities, you must provide your name, address, date of birth and other information that will identify each person who signs this application. We may retain copies of your identifying documents. We may also use outside sources, such as consumer reporting agencies, to confirm the information you provided.

By signing below, I hereby make application for membership in Cochise Credit Union and agree to subscribe for at least one share. In considering this application and/or any request for financial services, I authorize the Credit Union to check my credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with me. I/we agree to conform to the Credit Union's rules, regulations, bylaws, and policies now in effect and as amended or adopted hereafter. I/we acknowledge receipt within 10 days of my account being opened of the Credit Union's Account Agreement, Truth-In-Savings Disclosure and Account Terms and Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfers Disclosure, and Privacy Policy which are incorporated into and made a part of this application and agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. (The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

\_\_\_\_\_  
Primary Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Member Signature

\_\_\_\_\_  
Date

**COCHISE CREDIT UNION**  
P.O. Box 1154  
Willcox, AZ 85644-1154  
(520) 384-2822



**ACCOUNT CARD**

**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

Member No: \_\_\_\_\_

Member/Owner:

Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Password:
E-mail:	Membership Eligibility:
Employer:	

**ACCOUNT OWNERSHIP**

Designate the ownership of the accounts and responsibility for the services requested.

Individual  Joint Account with Rights of Survivorship  Joint Account without Rights of Survivorship

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

**ACCOUNT DESIGNATIONS**

Payable on Death (POD)/Trust Account  All Accounts  Designate Specific Accounts \_\_\_\_\_

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:

UTMA/UGMA (as custodian for Minors Act) (minor) under the Uniform Transfers/Gifts to Minors Act

Minor's SSN/TIN: \_\_\_\_\_

Agency Print Name of Agent: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

All Accounts  Designate Specific Accounts \_\_\_\_\_

Other:  See Account Authorization Card

**ACCOUNT TYPE**

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

Suffix	Suffix
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> HSA: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Other: _____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

**ACCOUNT SERVICES**

<input type="checkbox"/> Payroll Deduction/Direct Deposit:	
<input type="checkbox"/> Audio Response:	
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):	
<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:	
<input type="checkbox"/> Other:	

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

*Under penalties of perjury, I certify that:*

- (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), 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 a 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association 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 (as defined in Regulations section 301.7701-7).*

**Certification Instructions.** Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

**AUTHORIZATION**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

<p><b>X</b></p> <p>_____ Signature</p> <p>_____ Date</p>	<p><b>X</b></p> <p>_____ Signature</p> <p>_____ Date</p>
<p><b>X</b></p> <p>_____ Signature</p> <p>_____ Date</p>	<p><b>X</b></p> <p>_____ Signature</p> <p>_____ Date</p>

**FOR CREDIT UNION USE ONLY**       See Account Change Card       See Insurance Beneficiary Card

Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking