LIGHT COMMERCE CREDIT UNION

11235 Crown Park Drive • Houston, TX 77067 • 281-876-7576 • FAX 281-876-7577

APPLICATION FOR MEMBERSHIP

○ Savings ○ Checking/Visa Check Card ○ NuGen Minor Savings ○ NuGen TUTMA Savings ○ Vacation Club ○ Christmas Club

Primary Applicant

Member Name_____SSN_____-_____- _____
Last First MI

Date of Birth_____-_____-_____Driver's License # _____

Street Address_____City_____State_____Zip _____

Mailing Address_____City_____State_____Zip _____

Home Phone_____ Work Phone_____Cell Phone_____

Email Address _____

HOW ARE YOU ELIGIBLE FOR MEMBERSHIP?

○ New Light Church Membership #_____

○ Family Affiliation: Name of family member _____
Relationship_____Member Number _____

○ Other_____

Joint Applicant

Joint Name_____SSN_____-_____- _____
Last First MI

Date of Birth_____-_____-_____Driver's License # _____

Street Address_____City_____State_____Zip _____

Mailing Address_____City_____State_____Zip _____

Home Phone_____ Work Phone_____Cell Phone_____

Email Address _____

TIN Certification and Backup Withholding Information

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding and I am a U.S. Person (including a U.S. Resident alien).

Furthermore, by signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings Rate and Fee Schedule, Funds Availability Policy Disclosure and to any amendment the Credit Union makes from time to time which are incorporated herein. I acknowledge receipt of the Agreement and Disclosures applicable to the accounts and services requested. If an ATM or EFT service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

○ I am subject to backup withholding ○ Exempt ○ I am not a U.S. citizen or resident (complete W-8 form)

AUTHORIZATION

The Internal Revenue Service does not require consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature_____**Date**_____

FOR CREDIT UNION USE ONLY

Member #_____Date of Membership_____ Opened By _____

Items Received: Signed Authorization_____ Copies of Primary applicant ID _____ Address verification _____

Signed Application _____ Copies of Joint applicant ID _____ Opt in/out (checking) _____