

Membership Application



MEMBERSHIP ELIGIBILITY - select all that apply

- I live, work, attend school, or worship in a select eligibility area (please ask for details).
 I am a direct relative or household member of current Altra member.

Member's Name: _____ Relation: _____

- Select Employee Group (SEG) member: _____
 Other: _____

INFORMATION - please print clearly

A) FULL LEGAL NAME: _____

BIRTHDATE: _____ SSN: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE (Home): _____ (Work): _____ (Cell): _____

EMAIL: _____

- Send me Altra information, special offers and news by email.

DRIVER'S LIC #: _____ STATE: _____

EMPLOYER: _____ OCCUPATION: _____

B) JOINT ACCT. HOLDER NAME (optional): _____

BIRTHDATE: _____ SSN: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE (Home): _____ (Work): _____ (Cell): _____

DRIVER'S LIC #: _____ STATE: _____

EMPLOYER: _____ OCCUPATION: _____

THIS ACCOUNT WILL PRIMARILY BE USED FOR WHAT PURPOSE?

- HOUSEHOLD BUSINESS OTHER _____

SOURCE OF INCOME (check all that apply)

- EMPLOYMENT SOCIAL SECURITY RETIREMENT INCOME
 INVESTMENT INCOME INHERITANCE OR TRUST UNEMPLOYMENT
 HOUSEHOLD OTHER _____

ON AVERAGE, TOTAL MONTHLY DEPOSITS INTO THIS ACCOUNT WILL BE:

- \$0-\$4,999 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000+

ON AVERAGE, TOTAL MONTHLY WITHDRAWALS (including checks, check card purchases and bill pay) FROM THIS ACCOUNT WILL BE:

- \$0-\$4,999 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000+

SIGNATURES

By signing below, I understand I have applied for Altra Federal Credit Union membership as well as other Altra products & services. I certify that the foregoing information has been supplied truthfully, accurately, and voluntarily. If proven otherwise, you may demand payment in full of any debt I have outstanding with you or revoke any services I use. I further understand that it may be a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts. I understand all joint accounts have rights of survivorship and that I cannot transfer ownership of my account(s) to another person. By signing this Altra Membership Application, you agree to receive your statements and all other notifications, including year end tax reporting statements, electronically. You may opt-out of electronic delivery and receive statements and other correspondence by paper. Please visit www.altra.org for hardware and software requirements to access your electronic information.

I authorize Altra to conduct any investigations as you deem necessary, including, but not limited to, any credit bureau or consumer report. I: 1) acknowledge receipt of Altra's full account disclosure; 2) agree to be bound by all terms of any Altra disclosures, account agreements, bylaws and amendments; 3) grant Altra a security interest in this account to secure all obligations owing by any or all of the undersigned to Altra, now or in the future; 4) understand that I need to maintain membership in good standing.

This application does not constitute a contract for the extension of credit.

- I am subject to backup withholding either because I have been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends or the Internal Revenue Service has notified me that I am subject to backup withholding. The IRS does not require me to consent to any of the provisions of this document other than the certification required to avoid backup withholding.

ACCOUNT INFORMATION

- NEW ACCOUNT REOPEN BUSINESS OR ORGANIZATION

- \$10.00 CHECK OR MONEY ORDER made payable to Altra Federal Credit Union is included with this application. (\$5 minimum savings balance and \$5 membership fee.)

ACCOUNT NUMBER:(if available) _____

SAVINGS - choose account(s) to open

- REGULAR SAVINGS SPECIAL SAVINGS
 CLUB SAVINGS MONEY MARKET Platinum Traditional

- CUSTODIAL YOUTH ACCOUNT

Custodian's Name: _____

Successor Custodian's Name: _____

- OTHER _____

CHECKING - choose account(s) to open

- A+ CHECKING PREMIUM CHECKING
 FREE CHECKING PLATINUM CHECKING
 OTHER _____

INFORMATION TO BE PRINTED ON YOUR CHECKS:

Before ordering, a deposit must be made to cover entire cost of checks.

- SAME AS ABOVE IF DIFFERENT, PLEASE ATTACH ADDITIONAL SHEET

DRIVER'S LICENSE (optional) Acct. Holder Joint Acct. Both Neither

PHONE (optional) _____

CHECK STYLE: Single Duplicate Check Design _____

OVERDRAFT PROTECTION FOR CHECKING

Choose up to 6 accounts; rank choices by 1, 2, 3, etc. If you choose *another* checking or savings account as overdraft protection, you must be a joint owner. If no selection is made, your savings account will automatically be used.

- _____ REGULAR SAVINGS _____ SPECIAL SAVINGS
_____ PERSONAL LINE OF CREDIT _____ HOME EQUITY LINE
_____ MONEY MARKET _____ OTHER _____

- No, I do not want Overdraft Protection on my Checking account. I understand that without it I will be charged an NSF fee for each returned check.

X	_____	_____
	A) Member	Date
X	_____	_____
	B) Joint Acct. Holder	Date
X	_____	_____
	C) Joint Acct. Holder	Date

CROSS-ACCOUNT TRANSFERS

Complete free cross-account transfers online or by telephone, 24 hrs a day.

Account _____ Name _____

Account _____ Name _____

Account _____ Name _____

Account _____ Name _____

PAYMENT ON DEATH (POD) BENEFICIARY

Beneficiaries listed are automatically included on all accounts unless otherwise noted.

Name: _____ Name _____

Name _____ Name _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What this means for you:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents.

**ALTRA
USE ONLY**

PREPARED BY: _____ DATE _____

COMMENTS: _____

ALTRA SUITE > MEMBER PROFILE > OTHER INFO > CREDIT REPORT CODE

CHEX YEAR _____ STATE _____

YEAR _____ STATE _____

CREDIT SCORE _____

www.altra.org • info@altra.org

800-755-0055 7-days/week 7:30 am-6:00 pm C.T.

Altra Federal Credit Union, Attn: Member Services • P.O. Box 443, La Crosse, WI 54602-0443

Member Application Check List

The information highlighted in yellow is required by the USA PATRIOT ACT.

Altra cannot open your account without it.

If there is a Joint Applicant, the entire application must be filled out and signed. Please provide:

- Full Legal Name**
- Date of Birth**
- Social Security Number, EIN, or TIN**
- Copy of CURRENT Driver's License,**
Passport, Military or State I.D.
- Copy of Joint Applicant's CURRENT**
Driver's License, Passport, Military or State I.D.
- Current Address** (P.O. Box not valid).
Proof of address is required if current address does not match address on I.D. (examples include current utility, electric, or medical bills listing your name and current address.
- Signatures.** Sign and date the application.
Joint Applicant's signature is also required.
- \$10 check or money order** payable to Altra Federal Credit Union. (\$5 minimum savings balance and \$5 membership fee).



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