

New Member Information Check List

The information below is required by the USA PATRIOT ACT. **We cannot open your account without it.** Please complete all fields on the Altra Membership Application Form and 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).
- Sign and date the application. Joint Applicant's signature is also required.
- Include a **\$5 check or money order** payable to Altra Federal Credit Union. *(This minimum Savings account balance requirement represents your ownership share in Altra).*



800-755-0055 • www.altra.org

Membership Application



HOW ARE YOU ABLE TO JOIN ALTRA?

- Live, work, attend school, or worship in select eligibility area (please ask for details)
- Direct relative or household member of current Altra member

Member's Name: _____ Relation: _____

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

INFORMATION – please print clearly

A) FULL NAME: _____

DATE OF BIRTH: _____ SSN: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE (Home): _____ (Work): _____

EMAIL: _____

- Use my email to inform me of special Altra offers and news

DRIVER'S LIC #: _____ STATE _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

B) JOINT ACCT. HOLDER NAME - optional: _____

DATE OF BIRTH: _____ SSN: _____

DRIVER'S LIC #: _____ STATE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE (Home): _____ (Work): _____

C) JOINT ACCT. HOLDER NAME - optional: _____

DATE OF BIRTH: _____ SSN: _____

DRIVER'S LIC #: _____ STATE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE (Home): _____ (Work): _____

ACCOUNT NUMBER: _____

- NEW REOPEN BUSINESS or ORGANIZATION

Please note: You need to open and maintain a savings account with a \$5 minimum balance to be a member-owner of Altra. You may use a check or money order. Please do not mail cash.

SAVINGS & DEPOSIT ACCOUNTS

- SAVINGS Single Joint **\$5 minimum balance required*

- SPECIAL SAVINGS Single Joint

- MONEY MARKET Single Joint suffix _____

- CHRISTMAS CLUB Single Joint

- VACATION CLUB Single Joint

- CUSTODIAL YOUTH ACCOUNT

Custodian's Name: _____

Successor Custodian's Name: _____

CHECKING ACCOUNTS

- ACCOUNT: Single Joint

LIST TYPE OF ACCOUNT _____ SUFFIX _____

PLEASE PROVIDE ME WITH A: Visa Check Card

INFORMATION PRINTED ON YOUR CHECKS

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

NAME(S): _____

ADDRESS (If different from above): _____

DRIVER'S LICENSE (optional) Acct. Holder's Joint Holder's 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.

_____ SAVINGS ACCOUNT _____ SPECIAL SAVINGS

_____ LINE OF CREDIT _____ PRIME CREDIT LINE

_____ MONEY MARKET suffix _____

_____ OTHER Acct #: _____

- 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.

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.

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 _____

WWW.ALTRA.ORG

Visit our website for Altra Rates and complete Products & Services information.

CONTACT ALTRA

For questions about this form, please please contact a friendly Altra member services representative.

Phone: 608-787-4500 / Toll-free 800-755-0055, Mon-Fri, 7:30 am-6 pm (Central Time)

Mail: Altra Federal Credit Union, Attn: Member Servcies, 2715 Losey Blvd. S., La Crosse, WI 54601-7409

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: _____

MECH

CHEX YEAR _____ STATE _____

YEAR _____ STATE _____

CREDIT SCORE _____