

**Minor Student Membership Application**

**NOTE: Student must be the primary account holder**

By signing, I hereby make application for membership and agree to conform to the bylaws and any amendments thereof in the Delta County Credit Union. I also agree to the terms and conditions of the account that I have in the credit union now and in the future and agree that the credit union may change those terms and conditions from time to time.

**Certification of Minor's Social Security Number**

Under penalties of perjury, I certify (1) that the number shown on this form is the correct social security number and (2) that I am not subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.\*

**Student Signature** \_\_\_\_\_

(\*Minor or person signing on behalf of minor to the best of that person's knowledge. Strike out the language in (2) if the Internal Revenue Service has notified you that you are subject to backup withholding and has not terminated that notification.)

**Date** \_\_\_\_\_

**Joint Signature** \_\_\_\_\_

(required - see Joint Share Agreement)

**2nd Joint Signature** \_\_\_\_\_

(if applicable)

**DCCU Rep.** \_\_\_\_\_ **Date** \_\_\_\_\_



**Main Office**

2600 1st Avenue South  
Escanaba, Michigan 49829

Phone: 906.786.7213 · Fax: 906.786.7299

**Branch Office:**

5664 Main Street  
Wells, Michigan 49894

Phone: 906.789.6680 · Fax: 906.789.6688



**SAVE THE BRAVE\$ WAY**  
**CREDIT UNION**

Student Branch of the 

Let **Delta County Credit Union** help you plan your financial future with our Student Run Branch Program. Student CU members can enjoy a wide range of benefits. This program is a great way to learn about financial responsibility and have fun at the same time. It provides a chance for students to learn the inner workings of a Credit Union through hands on work experience, education, promotions and contests!

## Joint Share Account Agreement

**\*Must be read by all Joint Owners**

**\*\*Not Transferable**

Delta County Credit Union is hereby authorized to recognize any of the signatures subscribed in this application in the payment of funds or the transaction of any business for this account. The joint owner(s) of this account hereby agree with each other and with said credit union that all sums now paid in on shares or heretofore of hereafter paid in on shares by any or all other said joint owner(s) with all accumulations thereon, are and shall be owned by them jointly with right of survivorship and be subject to the withdrawal of receipt of any of them, and payment to any of them or the survivor(s) shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time. Any or all of said joint owners may pledge all or part of the shares in this account as collateral security to a loan or loans from the credit union. The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions theretofore made.



## FAQs

### **What can the Credit Union do for me?**

We provide regular savings accounts to elementary, and middle school students. These accounts have no services fees and we will waive the \$5.00 initial deposit.

### **When can I visit the credit union?**

The Credit Union will be located in the school and will be open on Fridays during everyone's lunch periods. After school, you can visit one of our other two convenient locations.

### **Can my family members join?**

Yes! Once you become a member, anyone in your family can also join Delta County Credit Union.

### **How do I join?**

Simply fill out the membership application on the inside of this brochure and return it to the \$ave the Brave\$ Way Credit Union or either Delta County Credit Union location.

If you have any questions or need additional information, please contact a Student Branch Representative at 906.786.7213.

## Minor Student Membership Application

**I WANT TO BECOME A CREDIT UNION MEMBER**  
(Please detach this application and fill out front and back side.)

(If your child is already a member, you do not have to complete this new account form.)

### STUDENT MEMBER INFORMATION

School \_\_\_\_\_

Teacher \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Birthdate \_\_\_\_\_

Student SS# (required) \_\_\_\_\_

### JOINT INFORMATION

Joint Name \_\_\_\_\_

Joint SS# (required) \_\_\_\_\_

Joint Birthdate \_\_\_\_\_

2nd Joint Name  
(if applicable) \_\_\_\_\_

2nd Joint SS# (required) \_\_\_\_\_

2nd Joint  
Birthdate \_\_\_\_\_