



**Dear Students and Parents,**

The Student-Run Credit Union is designed to encourage personal financial responsibility in all students by providing them with an in-school credit union in addition to our local branches. Students can learn hands-on life skills by participating as members of the Student-Run Credit Union. These partnerships began in 1990. Selected students have the opportunity to operate the student-run credit union. These students learn valuable skills as they apply for positions and process transactions for student members under the assistance of credit union personnel.

**Information:**

- **You may open an account at any time during the school year.** The student-run credit union operates throughout the school year. Watch your school newsletter and website for deposit dates.
- These savings accounts may be accessed at any Community Financial office during regular hours of operation. Students age 16 and over may apply for a checking account.
- These accounts will have **no monthly service fee** and **no minimum balance** required. ATM or Debit cards are available for students age 13 and over (parent approval if under age 16).
- Cash deposits and withdrawals will be limited to \$10 for elementary and \$20 for middle school. (Use any Community Financial office or ATM for larger transactions)
- Students will receive a receipt. Monthly statements will be mailed to the student's home.

**To Participate:**

- **Existing members:** If your student currently has an account at Community Financial, please complete the information below.
- **New Student members:** Please complete the member application on the second page of this form, call toll free (877) 937-2328 or fax to my computer at (734) 582-8775.
- **Note:** The student is the first member on the account. Dividends will be reported to the student's social security number. If under the age of 16, one parent or guardian must be on the account.
- **Please include social security numbers for all members on the account. Signatures must be included for all signers.**

We invite all students to take advantage of this unique and rewarding experience to increase their personal financial education and to help the student volunteers learn career skills. If you have any questions or comments, please feel free to contact:

Natalie McLaughlin  
Senior Education Partnership Coordinator  
Community Financial  
(734) 582-8774

**ESTABLISHED MEMBER OF THE CREDIT UNION:** I am a member of Community Financial. I plan to participate in the Student-Run Credit Union at my school.

**Name:** \_\_\_\_\_ **Account Number** \_\_\_\_\_

**School:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_

Membership application is on file. **DO NOT** complete the form on back of this page if you are a returning member.



# Membership Application With Survivorship

500 S. Harvey, P.O. Box 8050  
Plymouth, MI 48170-8050  
(734)453-1200, (877) 937-2328 www.cfcu.org

Office Use Only:  
Account # \_\_\_\_\_  
Date: \_\_\_\_\_  
Initials: \_\_\_\_\_

To open a **NEW ACCOUNT** complete this form (existing members should complete the front). Please fill in all information on this form and sign at the bottom. You may return this form to your school, to any Community Financial branch office, or mail to the above address, ATTN: Education Partnership Coordinator. You may also open your account by phone by calling (734) 453-1200, toll free (877) 937-2328 or fax to (734) 582-8775. **One parent/guardian must be on the account if student is under 16 years of age.**

School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Driver's License # (if applicable): \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Address (if different): \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Address (if different): \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Account Type:** The ownership type and beneficiary designation specified will remain the same for the entire account (excluding certificates and IRA accounts): (please indicate)

Individual (only if 16 or older)       Joint (recommended for all accounts)       Beneficiary (pay on death)

**Beneficiaries: (Optional)** If this is a Beneficiary (Pay on Death) Account, on the death of all owners the account will be payable on proper withdrawal demand of all beneficiaries who survive the owner or owners.

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Under penalties of perjury, I/We certify that (1) the first taxpayer identification number shown on this form is correct (or I am waiting for a number to be issued to me) and (2) that the parties to the account are not subject to back withholding because (a) they are exempt from backup withholding, or (b) they have not been notified by the Internal Revenue Service (IRS) that they are subject to back withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified them that they are no longer subject to backup withholding and (3) they are a U.S. person (including a U.S. resident alien). (You must strike out the language in (2) above if the IRS has notified any parties that they are currently subject to backup withholding because they have failed to report all interest or dividends on their tax return.)

All dividends will be reported under the social security number shown first on this application. By signing below, I/We make application for membership in Community Financial and agree to the bylaws and rules and regulations of Community Financial as they now exist or as they may be changed in the future.

**SIGNATURES:** The undersigned certify that the information provided on the application is true and correct and acknowledges receipt of a copy of ACCOUNT INFORMATION and further agree to be bound by the terms and conditions contained therein.

\_\_\_\_\_  
Student Signature      Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature      Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature      Date: \_\_\_\_\_