



iTHINK Financial Credit Union  
P.O. Box 5090, Boca Raton, FL 33431-0890  
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# MEMBERSHIP APPLICATION

Member #:

## A. Products & Services

Membership Savings (required) Other:  
Checking Account\*: \_\_\_\_\_ eStatements I want paper statements Online Account Access  
*\*Comes with Visa debit card*

Which of our products are you interested in obtaining?

Mortgage
Credit Card
Auto Loan
Other Loan
Money Market/Certificate

## B. Primary account owner information

Name (First)	(Middle)	(Last)	Membership Eligibility (Employer, County or Qualifying Person)	
Social Security # / Tax ID #	Date of Birth	Employer	Occupation	

Home Address (No PO Boxes)		Unit #	City	State	ZIP
Mailing Address (If different)		Unit #	City	State	ZIP

Driver License # or Government Issued ID #	State/Issuer	Issue Date	Expiration Date	Security Password (For phone verification)
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Home Phone	Work Phone	Cell Phone	By providing your cell phone number, you are providing us with express consent to contact you via phone or text, including through the use of an automated dialing system.
Will this be your primary bank account Yes    No		Email	

By providing your email address, you are consenting to receive emails from the Credit Union and its non-affiliated third party providers regarding products and services.	
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## C. Add the following joint owner on my account (do not complete if you will be the only owner on the account)

Name (First)	(Middle)	(Last)	Relationship to Primary
Social Security # / Tax ID #	Date of Birth	Employer	Occupation

Home Address (No PO Boxes)		Unit #	City	State	ZIP
Mailing Address (If different)		Unit #	City	State	ZIP

Driver License # or Government Issued ID #	State/Issuer	Issue Date	Expiration Date	Security Password (For phone verification)
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Home Phone	Work Phone	Cell Phone	By providing your cell phone number, you are providing us with express consent to contact you via phone or text, including through the use of an automated dialing system.
Joint Account Owner #		Email	

By providing your email address, you are consenting to receive emails from the Credit Union and its non-affiliated third party providers regarding products and services.	
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**D. Beneficiary information (optional)**

**Payable on Death (POD) / Trust Account:** In the event of my death, I designate the following beneficiary to receive all sums in this account (with the exception of IRA accounts, which have a separate designation of beneficiaries), provided this designation has not been superseded by a subsequent designation or change in account ownership, such as adding a joint owner.

Beneficiary Name	Relationship to Primary	Social Security # / Tax ID #	Date of Birth
Address		Phone #	

**E. Expected Activity**

To better serve our members and to comply with Federal Law to combat terrorism and money laundering, please select any typical activity you expect to conduct on a monthly basis.

Will you deposit or write checks? Yes    No	If Yes, would you like to use mobile deposit to deposit checks? Yes    No
Will you deposit cash? Yes    No	If Yes, estimated monthly cash deposit \$0 - \$1,000                  \$3,000 - \$5,000                  \$10,000 + \$1,000 - \$3,000                  \$5,000 - \$10,000
Will you withdraw cash? Yes    No	If Yes, estimated monthly cash withdrawal \$0 - \$1,000                  \$3,000 - \$5,000                  \$10,000 + \$1,000 - \$3,000                  \$5,000 - \$10,000
Will you send wires? Yes    No	If Yes, estimated monthly outgoing wires \$0 - \$1,000                  \$3,000 - \$5,000                  \$10,000 + \$1,000 - \$3,000                  \$5,000 - \$10,000
Will you receive wires? Yes    No	If Yes, estimated monthly incoming wires \$0 - \$1,000                  \$3,000 - \$5,000                  \$10,000 + \$1,000 - \$3,000                  \$5,000 - \$10,000
Will you send wires to or receive any wires from non-US locations? Yes    No	If Yes, what country(s): _____

**F. Important information about your account**

By signing this document, I/we acknowledge receipt of and agree to all terms and conditions in the Membership Agreement and Disclosures and all other disclosed terms and conditions of all accounts and services that I/we may receive at iTHINK Financial Credit Union. These terms and conditions will be disclosed in accordance with applicable state and federal laws. I/we authorize iTHINK Financial Credit Union to obtain a consumer credit report to evaluate my/our creditworthiness. Additionally, I/we acknowledge that my/our property may be transferred to the appropriate state if there has been no activity on any of my/our accounts within the time period specified by state law.

**G. Important information about opening a new account**

Under the USA Patriot Act, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account. Therefore, when you open an account at iTHINK Financial Credit Union, we will ask for your name, address, date of birth, and other identifying information. We may also ask to see your driver license or other form of identification.

Under penalties of perjury, I certify that, unless otherwise specified below: (1) the social security number or taxpayer identification number provided on this Application is correct, (2) I am not subject to backup withholding due to failure to report interest and dividend income, and (3) I am a U.S. citizen. Please check the box(s) below if applicable:

<b>Primary Owner:</b>	<input type="checkbox"/> I am not a U.S. Citizen	<b>Joint Owner:</b>	<input type="checkbox"/> I am not a U.S. Citizen
	<input type="checkbox"/> I am subject to backup withholding		<input type="checkbox"/> I am subject to backup withholding

**THE INTERNAL REVENUE SERVICE (IRS) DOES NOT REQUIRE MY CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.**

MEMBER SIGNATURE	DATE
<b>X</b>	

JOINT SIGNATURE	DATE
<b>X</b>	

Federally Insured by NCUA