

## PERSONAL INFORMATION

Member No: \_\_\_\_\_ Branch: \_\_\_\_\_

Surname: \_\_\_\_\_ Firstname(legal): \_\_\_\_\_

Middle Name: \_\_\_\_\_ Usual Firstname: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ S.I.N. \_\_\_\_\_  
(Female/Male) (DD-MMM-YYYY) (Social Insurance Number)

For Office Use Only	
<input type="checkbox"/> Youth (0-12)	<input type="checkbox"/> Teen (13-17)
<input type="checkbox"/> Ygadult (18-25)	<input type="checkbox"/> Regular (26-58)
<input type="checkbox"/> Senior (59+)	<input type="checkbox"/> Non-member
<input type="checkbox"/> Stf (Staff)	<input type="checkbox"/> Other (Deferred)
Benefit Type:	
Signer: s/b Y	
Region Code:	
Std Ind Code:	

## ADDRESS

Street: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City / Prov: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

## EMPLOYER

Employer: \_\_\_\_\_ Empl No (EIN): \_\_\_\_\_

Empl. Addr: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Bus Fax: \_\_\_\_\_

## QUALIFICATION UNDER BOND OF ASSOCIATION

\_\_\_\_\_ Referred by: \_\_\_\_\_  
(Name & Relationship)

## THIRD PARTY ACCOUNT DETAILS - Compliance with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada), as amended from time to time:

The Account Holder(s) hereby confirm that this account is (choose one):

- Not to be used by or on behalf of a party that is not an Account Holder
- Is to be used by or on behalf of a party that is not an Account Holder (a "Third Party", the details of which are outlined below.

Name: \_\_\_\_\_

Occupation or Principal Business: \_\_\_\_\_

Nature of Relationship between the Account Holder(s) and Third Party: \_\_\_\_\_

Address: \_\_\_\_\_

If a corporation, incorporation number and jurisdiction: \_\_\_\_\_

## ACCOUNT SERVICES

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Multi-purpose Account _____ | <input type="checkbox"/> Net Pay / Deduction    | <input type="checkbox"/> Automatic Transfers   | <input type="checkbox"/> E-Statement                         |
| <input type="checkbox"/> Savings Account _____       | <input type="checkbox"/> Member Card            | <input type="checkbox"/> Pre-authorized Debits | <input type="checkbox"/> Line of Credit/Authorized Overdraft |
| <input type="checkbox"/> Term Deposit _____          | <input type="checkbox"/> MasterCard Credit Card | <input type="checkbox"/> Bill Payment          | <input type="checkbox"/> Mortgages                           |
| <input type="checkbox"/> Mutual Funds _____          | <input type="checkbox"/> Personal Cheques       | <input type="checkbox"/> MemberDirect          | <input type="checkbox"/> Personal Loans                      |

I hereby apply for membership in the Credit Union, and tender in cash the amount required by the By-laws of the Credit Union to pay for membership shares.

MEMBERSHIP SHARE:  Collected  Setup transfer to collect  Shares Under # \_\_\_\_\_  File Folder Prepared

Opened by: \_\_\_\_\_ Date account was opened: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date of account approval: \_\_\_\_\_



## “Acceptable Identification”

The Education Credit Union recognizes the following as valid identification for the purposes of applying for membership:

**Photo ID (one piece required)**

- Ontario driver’s license with picture
- Major Credit card
- Passport
- Canadian Citizenship Card
- Employee ID Card with Picture

**Other ID (two pieces required)**

- Vehicle Ownership with plate number
- Student Card with picture
- Social Insurance Number card
- Birth Certificate

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Photocopy Here:

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

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*I verify that the “applicant” is the owner of the identification shown above and that I have witnessed the “applicant’s” signature contained herein and that it is authentic.*

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

- Principal/Manager/Supervisor of Waterloo Region educational institution
- Credit Union Representative
- Member of the Education Credit Union
- Education Credit Union Employee