



University of Colorado Student Membership and Services Application

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 may also ask to see your driver's license or other identifying documents.

How are you eligible for Membership?
Account Number:

Account(s) Requests:
Savings
Buff One eBanking

Account Services:
Buff Visa Debit Card
Buff One Visa Credit Card
STAR Activation of Student ID
Other:

Account Type:
Individual
Joint with Right of Survivorship

Member Information (Print your full Name, including MI and Suffixes, Jr. Sr.):

Member SSN or TIN:

Birth Date:

Mailing Address:

City:

State:

Zip Code:

Home Phone Number:

Permanent Street Address (if different than mailing address):

City:

State:

Zip Code:

Business Phone Number:

Account Password (up to 8 characters) :

Employer:

Position:

I understand that my password can be used as an alternative form of identification on my account. Credit Union Tellers, Member Service and Contact Center representatives may request the password when working with me on my account. I understand that this should be kept confidential and should be treated with the same level of security as a PIN.

Business Address:

E-Mail Address:

Self-Employed? If self-employed, indicate Business Type:
Yes No

Driver's License or Other Government ID Number:

ID Type:
ID Number:
State/Country:
Issue Date: Expiration Date:

eStatements:
I understand, unless I request otherwise, I will be receiving electronic statements for all my accounts. By checking the box below, I am requesting paper statements, which will be mailed directly to my address on file. If I receive e-statements I will be required to confirm initial access via the Credit Union's online banking enrollment process.

Primary Source of Deposits to your Account(s):
Payroll Deposit
Retirement
Investments
Social Security
Other:

JOINT OWNER/PARENTS:

I want to be a Joint Owner on my student's account, receive a Visa Debit Card so that I may make deposits using ATMs, and be Guarantor on all loans including credit cards. (Joint on Account/Guarantor on Loans means you are financially responsible for the account, and any defaults/overdrawn balances, and liable for loans including credit cards).

As inducement to Elevations Credit Union to provide financial services and extend credit to the above-identified Borrower, the undersigned individual hereby agrees to act as joint accountholder and further guarantee absolutely and unconditionally the prompt payment to the credit union when due all amounts owed by Borrower to the credit union, and the prompt performance of all obligations of Borrower as a member and accountholder of the credit union. This guaranty also includes all related obligations of Borrower such as interest, collection costs, NSF check fees, attorney's fees, etc., until the entire balance of all such obligations, have been paid in full. Guarantors shall not be released from liability under this guarantee until all of Borrower's obligations to the credit union have been satisfied in full.

Joint Owner Information: Joint Owner

Name: (please print)

Social Security#: Date of Birth:

ID Type: ID Number:

State/Country: Issue Date: Exp Date:

Physical (Street) Address:

City: State: Zip Code:

Home Phone: E-mail Address:

Employer: Position: Work Phone:

Self-Employed? If self-employed, indicate Business Type:
Yes No

Street Address:

City: State: Zip Code:

Joint Owner Information: Joint Owner

Name: (please print)

Social Security#: Date of Birth:

ID Type: ID Number:

State/Country: Issue Date: Exp Date:

Physical (Street) Address:

City: State: Zip Code:

Home Phone: E-mail Address:

Employer: Position: Work Phone:

Self-Employed? If self-employed, indicate Business Type:
Yes No

Street Address:

City: State: Zip Code:

(Optional)

PAYABLE ON DEATH (POD): NOT TO BE USED FOR IRA, HSA OR OTHER RETIREMENT PLAN ACCOUNTS.

Name	Relationship:	Social Security #:	Birth date:
Physical (Street) Address:			Phone number:
Name:	Relationship:	Social Security #:	Birth date:
Physical (Street) Address:			Phone number:
The funds held by the Credit Union in this account may be withdrawn from or paid out by the Credit Union upon the request of the signatory(ies), or any of them, and upon the death of the last surviving signatory, the Payable On Death (P.O.D.) payee or payees designated above or any of them shall have the right to withdraw or be paid all funds not then withdrawn, in equal portions, subject to the laws of the State of Colorado. The terms of the P.O.D Designation or Cancellation, as stated herein, is consistent with the terms of the Joint Owners Account Agreement, hereinabove set forth and shall not be construed in any circumstances, to alter those rights and privileges enumerated in the Joint Owners Account Agreement.			

Membership Agreement

By signing below, I agree to the terms and conditions of the Membership & Account Agreement, Truth in Savings Terms & Conditions Disclosure, Electronic Funds Transfer Agreement and Disclosure, Fee Schedule, Funds Availability Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein by reference. I certify the signature(s) on this card apply to all accounts designated within this account application; and all information provided is true and correct. **I understand and agree that the Patriot Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time.** I acknowledge receipt of a copy of, and agree to be bound by the terms of the Agreement, Credit Union Privacy Policy, and Truth in Lending Disclosures applicable to the accounts and services requested herein. After notification, the Credit Union may charge a fee for continuing to maintain my inactive account. **TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

Account Ownership (APPLICABLE IF JOINT OWNERS ARE DESIGNATED ON THE FRONT OF THIS CARD): The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.

In the event that I have designated a joint account owner, I hereby authorize the designated joint account owner(s) to have full access to all of my credit union accounts, (including any lines of credit that I may have available) for purposes of making any and all transactions on my accounts that I could do myself. I hereby agree to indemnify and hold the credit union harmless from all loss, costs or damage related to the transactional activity on my credit union accounts and from the transactions made by my joint account owners.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding on the reverse side of this card.

SSN Certification and Backup Withholding

By signing this application, I certify under penalty of perjury, that (1) I am a U.S. person (including a U.S. resident alien), (2) the Social Security Number (SSN) shown is my correct identification number and (3) I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

- I am subject to backup withholding
- I am not a U.S. citizen or U.S. person (complete W-8BEN)

I agree to review the full membership agreement and account disclosures available in print, on CD-Rom and at ElevationsCU.com.

AUTHORIZED SIGNATURES:

_____	_____	_____	_____
	<i>Joint Owner Signature</i>		<i>Date</i>
_____	_____	_____	_____
<i>Owner (Student) Signature</i>		<i>Date</i>	
_____	_____	_____	_____
	<i>Joint Owner Signature</i>		<i>Date</i>

For Credit Union Use Only

Revised 2/22/10

Date ___/___/___ ID Verified by _____ TIN Application Date ___/___/___ TIN Application Verified By _____ Member Eligibility 156

eFunds Verification: OFAC _____ SSN _____ ChexSystems _____ Supervisor Override Initials: _____

eFunds Comments: _____

- Credit Bureau Date ___/___/___ Experian Trans Union
- Other Non Documentary Information _____ Verified by _____

Membership Officer Signature _____

Account Opened: In Person By Mail Internet Other: _____

Account Number

(from page 1) _____