

Light Commerce Credit Union
11235 Crown Park Drive • Houston, TX 77067 • 281-876-7576 • 281-876-7577
CHURCH APPLICATION FOR MEMBERSHIP

SAVINGS

PRIMARY APPLICANT

CHURCH NAME _____ TIN _____

Street Address _____ City _____ ST _____ Zip _____

Mailing Address _____ City _____ ST _____ Zip _____

Office Phone _____ Email Address _____

How are you eligible for membership?

 A.I.M. Other _____

AUTHORIZED SIGNERS ON THE ACCOUNT

NAME _____ SSN _____
Last First Middle

Date of Birth _____ Driver's License# _____ State _____

Street Address _____ City _____ ST _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Email _____

NAME _____ SSN _____
Last First Middle

Date of Birth _____ Driver's License# _____ State _____

Street Address _____ City _____ ST _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Email _____

TIN CERTIFICATION AND BACKUP WITHHOLDING

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding and I am a U.S. Person (including a U.S. Resident alien).

Furthermore, by signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings Rate and Fee Schedule, Funds Availability Policy Disclosure and to any amendment the Credit Union makes from time to time which are incorporated herein. I acknowledge receipt of the Agreement and Disclosures applicable to the accounts and services requested. If an ATM or EFT service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

 I am subject to backup withholding Exempt I am not a U.S. citizen or resident (complete W-8 form)

AUTHORIZATION

The Internal Revenue Service does not require consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____ Date _____

FOR CREDIT UNION USE ONLY

Member # _____ Date of Membership _____ Opened By _____

This application approved by the Membership Officer.

Date _____ Signed _____