



Kemba Retail Services - Membership Application

8763 Union Centre Blvd. West Chester, OH 45069, 513.762.5070

REQUEST FOR CREDIT UNION MEMBERSHIP: TYPE OF ACCOUNT INDIVIDUAL JOINT
MEMBER LIVES, WORKS, WORSHIPS OR ATTENDS SCHOOL IN _____ COUNTY

PRIMARY MEMBER (PLEASE PRINT) HOME PHONE _____ CELL PHONE _____

NAME (AS SHOWN ON ID): _____ SOC SEC # _____ DOB _____

ADDRESS _____ CITY/STATE/ZIP: _____

E-MAIL _____ DRIVERS LICENSE #: _____ EXPIRATION DATE: _____

JOINT MEMBER (PLEASE PRINT) HOME PHONE _____ CELL PHONE _____

NAME: _____ SOC SEC# _____ DOB _____

ADDRESS _____ CITY/STATE/ZIP: _____

E-MAIL _____ DRIVERS LICENSE #: _____ EXPIRATION DATE: _____

STATEMENT OPTIONS: Mailed Paper Statements may incur a fee; please see our fee schedule. Kemba offers E-Statements at no charge. To sign up for E-Statements, please visit www.kemba.com, and log on to our online banking system.

AN INITIAL DEPOSIT OF \$ 5.00 WILL BE DEPOSITED IN YOUR SHARE ACCOUNT

Important information about procedures for opening a new account:

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 you 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 such as your social security card.

Please read carefully before signing. By signing below I/We am/are agreeing to the following:

I/We, the undersigned, apply to Kemba Credit Union for membership and a share savings account in the credit union. I/We understand that the share savings account must remain open for the term of the loan and that the account will be subject to the terms and conditions of Kemba Credit Union. Account opening documents and proper disclosures will be mailed to me/us within 20 calendar days of my/our account being opened at the credit union. I/we acknowledge that I/we will read the terms and conditions of membership and the terms and conditions applicable to each of my accounts at Kemba Credit Union. The terms of this membership application and agreement, and those applicable to each of my/our accounts at Kemba Credit Union, Inc., shall be governed by Ohio law and any disputes arising there under shall be heard in the courts of Hamilton County, Ohio. I/We agree to conform to the terms and conditions and bylaws and any amendments thereof and that the credit union may change the terms and conditions from time to time. By signing below, I/we specifically authorize Kemba Credit Union to check my/our credit and employment history and make whatever inquiries necessary in the course of establishing the Account or reviewing its use. I/We understand that by signing this application I/we am/are stating that all the information is true and correct. Copies of my/our pay stubs may be required. I/We understand that Kemba Credit Union may contact me/us for further information and that this application must be completed fully for the credit union to process my/our request. Kemba Credit Union is authorized to obtain information from others about me/us and may give credit information to others. I/we understand the disclosures also may apply for future new accounts I/we may want. I/We understand that should I/we owe money to the credit union I/we are applying to, at any time, for any reason except real estate loans secured by my/our residence, the Credit Union has a lien on any and all funds in any account that I/we are owner(s) of at the credit union, unless otherwise prohibited by law. All accounts designated to have one or more Co-owners, in addition to the Primary Member/Owner, shall be in Joint and Survivorship form. All joint memberships or accounts shall be held jointly and severally by each member/account holder, with right of survivorship, and be subject to withdrawal or receipt of any of them. **TAXPAYER CERTIFICATION:** Under penalties of perjury, by signing below I certify that: (1) that the Social Security or Tax ID Number listed in the Owner Information section, is the correct number for tax reporting purposes; (2) I am not subject to backup withholding under the provisions of the IRS Code; (3) I am a U.S. person or U.S. resident alien; and (4) all information provided is correct. Instruction to signer: If you have been notified by the IRS that you are subject to backup withholding due to a notified payee underreporting and you have been notified that the backup withholding is terminated, you should strike out the language in clause 2 above. If you are not a U.S. person, cross out clause 3 and complete IRS Form W-8BEN.

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

Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Merchant Name: _____ Staff Name: _____ Date: _____