



# Northern Star Credit Union

## Savings Account Application

### Opening Your Account ...

1. Complete information on the application with Electronic Signature Disclosure and E-statement Registration Form
2. You will need your driver's license or photo ID and your social security card
3. Students under 18: parent or guardian signature as well as a copy of their I.D. is required
4. Then bring in the completed application with your minimum \$5 deposit to your school's Northern Star Credit Union branch

**\* If 21 or older deposit to open account is minimum \$25**

*Failure to follow these steps will delay the process of your 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 you for your name, address, date of birth, and other information that will allow us to identify you. We will also need to see your driver's license and other identifying documents.

### Eligibility for Membership *(Check One)*

- Employee \_\_\_\_\_  Student \_\_\_\_\_

### Account Type *(check one)*

- Individual     Joint Account with Survivorship
- Joint Account without Survivorship

### Member Information *(Student)*

Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Account No. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Driver's License Number and State (I .D.) \_\_\_\_\_

***Students are advised to discuss financial decisions with their parents or legal guardians.***

### Joint Owner(s) Information *(Parent/Guardian)*

Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Driver's License Number and State (I .D.) \_\_\_\_\_

### Joint Owner(s) Information *(Parent/Guardian)*

Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone                                  Work Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Driver's License Number and State (I .D.)

**Products and Services**

**This is a saving account application only. Other services that we can assist you with need to be inquired about at a main branch.**

- VIP Checking Accounts**
- Regular Checking Accounts**
- Certificates**
- Money Market**

**Tin Certification and Backup Withholding Information**

**Under penalties of perjury, I certify that:**

- 1.) The number shown on this form is my correct taxpayer identification number,**
- 2.) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the internal Revenue Service (IRS) that I am subject to backup withholdings as a result of a failure to report all interest or dividends or (c) the IRS has not notified me that I am no longer subject to backup withholding, and**
- 3.) I am a U.S. person (including a U.S. resident alien**

**Certification Instructions.** *Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.*

**Since the student run branches uses E-Branch to access accounts, the dual authentication may be turned off.**

**Important Note for Telephone and Online Access**

Your PIN is your electronic signature which identifies you to us and authenticates and validates the directions given by you. Your PIN is an identification code that is personal and confidential and you acknowledge that the use of your PIN with Telephone and Online access is a security method by which we are helping you to

maintain the security of your account.

Therefore, you are not to divulge your PIN to anyone and to take all reasonable precautions to protect others from learning your PIN.

I understand that I should not leave my account number or PIN on my PC for others to view. I should enter them each time I log in. I agree to be bound by the terms and conditions of the Membership & Account Agreement.

**Authorization**

*(this section must be completed)*

By signing below, I /we hereby make application for membership with Northern Star Credit Union and agree to the terms and conditions of the of the Membership and Account agreement, truth in Savings, Rate and Fee Schedule, funds Availability Policy Disclosure, if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. Northern Star Credit Union has our Account Disclosures and Agreement available to our membership. It is available for reading at our branches, as well as on our website [www.nstarcu.org](http://www.nstarcu.org) and can be requested in paper copy at any time. I give Northern Star Credit Union permission to pull my credit report to verify account information. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Services does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**X**  
\_\_\_\_\_  
ACCOUNT OWNER Signature (Student)  
Date

**X**  
\_\_\_\_\_  
JOINT ACCOUNT OWNER (1) Signature (Parent/Guardian)                                  Date

**X**  
\_\_\_\_\_  
JOINT ACCOUNT OWNER (1) Signature (Parent/Guardian)                                  Date

**For Office Use Only**

- See Account Change Card
- See Insurance Beneficiary Card

Date of Membership \_\_\_\_\_ Opened/App'd by \_\_\_\_\_ Member Verification \_\_\_\_\_

- Credit Report
- Check Verify
- Pin Request
- Access Card
- Audio Response
- PC Access/ Internet banking



**Electronic Services Registration and Agreement**

Northern Star Credit Union offers Telephone and Online access to our account holders at no charge. A PIN will be provided to you upon completion of this form. It is your responsibility to protect access to your account. Northern Star Credit Union is not liable for any unintended action on your account that is a direct result of a mishandled PIN.

<b>Member's Name:</b> <i>(Student)</i>	<b>Account Number:</b>
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Check One:     FIRST TIME SETUP     CHANGE EXISTING  
 Access Type:     TelStar (Telephone)     e-Branch (Online Banking)

**Account Selection**

Please list the account(s)\* and check each applicable suffix you wish to access electronically. You will automatically be given access to all suffixes in your own account.

*\*Access to accounts other than your own requires authorization from that account holder.*

Account Number	Suffix				
	<input checked="" type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	<input type="checkbox"/> Certificate	<input type="checkbox"/> Club
	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	<input type="checkbox"/> Certificate	<input type="checkbox"/> Club
	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	<input type="checkbox"/> Certificate	<input type="checkbox"/> Club
	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	<input type="checkbox"/> Certificate	<input type="checkbox"/> Club
	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	<input type="checkbox"/> Certificate	<input type="checkbox"/> Club

**By signing this form, I am authorizing Northern Star Credit Union to setup access to the electronic services specified above. I understand that Northern Star Credit Union is not responsible for any mishandling of my PIN or any security breach on any device I use to access my account electronically.**

<b>Member Name (Printed)</b> <i>(Student)</i>	<b>Signature</b>	<b>Date</b>
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<b>Joint Account Holder Name (Printed)</b> <i>(Parent/Guardian)</i>	<b>Signature</b>	<b>Date</b>
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**\*Account Access Authorization** (To be filled out by account holder allowing access to their account)  
 By signing this form, I am authorizing Northern Star Credit Union to allow the above user access to my account via the electronic services specified above. I understand that Northern Star Credit Union is not responsible for any mishandling of my account due to this access.

Account Holder Name (Printed)	Signature	Date
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## Electronic Signature Disclosure

I hereby acknowledge that my signature for any and all applicable documents with Northern Star Credit Union, Inc. will be affixed electronically. These documents will include, but not be limited to, signature cards, loan documents, stop payment forms, and credit applications.

I further understand:

1. I have the right to receive a copy of any document on which my signature has been affixed electronically.
2. This consent applies to this transaction and all future transactions with Northern Star Credit Union, Inc.
3. I have the right to withdraw this consent for all future transactions. Any withdrawal of consent must be in writing and must be signed by any and all parties associated with the transaction.
4. By withdrawing consent, certain fees and/or charges may be assessed for any future transactions completed in a paper format. Any fees and/or charges will be assessed based on the amounts in effect at the time of my withdrawal of consent and could include a higher interest rate for any future loan transaction due to my requirement that a paper format be used.
5. If desired, after the date of the transaction, I can receive a copy of any document on which my signature has been affixed electronically. Any request for past documents will be made in writing to Northern Star Credit Union, Inc. If appropriate, I understand and agree that certain fees or charges may be assessed for the duplication of this material.

\_\_\_\_\_  
Primary Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Date



## E-Statement Registration Form

Thank you for your interest in Electronic Statements from Northern Star Credit Union. This service is available to you at no cost, and will allow you to view your current and past statements on our secure website. As part of your registration process, please read the following disclosure and indicate your acceptance by signing and dating the bottom of this form.

In order to send you notification of your current E-Statement, we must always have your current e-mail address on file. If you change your e-mail address, please log into your account online and update it. Northern Star Credit Union does not e-mail your E-Statement to you! We e-mail you a notification indicating that your E-Statement is ready to be viewed at our secure website, where you must login and retrieve it.

Your E-Statements will contain the same information and be in the same format as a traditional paper statement. It is archived for you automatically, and you have the option to save a copy to your computer, or print it out for your records.

### Disclosure and Consent for Electronic Receipt of Records

Northern Star Credit Union, in accordance with the Electronic Signatures in Global and National Commerce Act of 2000 (E-Sign Act) and other Federal regulations, offers its members the opportunity to receive records and transact business electronically. The E-Sign Act requires that we provide certain disclosures prior to obtaining your consent to receive records electronically.

By signing this disclosure, you are consenting to receive regulatory disclosures, loan documents, statements and such other records as the Credit Union is able to provide electronically.

You also have the right to withdraw your consent to have records provided or made available in an electronic form. Should you elect to withdraw your consent, you must notify the Credit Union in writing.

\_\_\_\_\_  
Primary Account Holder Name

\_\_\_\_\_  
Account #

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Primary Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature *(office use only)*

\_\_\_\_\_  
Date