Need Help? Start here... **1.** Please tell us who you are (generally in the format shown on your license or ID).

1 Member Name			2 Account Number		• • • • • • • •	
					2. Go ahead and leave this blank We will take care of this	
	💻 🛽 ra	npahoe dit Union		UNT CARD	one.	
		INHI IC	AUUU	UNI CARD	3. These boxes designate the kind of	
		IT I ININN	MEMBERS	HIP APPLICATION	account you are opening. Most of	
					these will be marked as 'Individ-	
2	_	Designate the ownership of the accounts	and responsibility for the services reque	ested.	ual ,' though you might also choose 'Joint" if you have another person on	
3	Individual		Joint with Right of Survivorship Trust/Estate	p	your account.	
	Sole Proprietorship or LLC				4. Please mark 'standard' for	
4	Opened Products				us to run a basic account pack-	
-			-		age —we will process and prepare all options including our free checking,	
5	SSN/TIN		5 SSN/TIN		basic savings, debit card and overdraft protection packages. We can then	
	Member Name		Joint Owner Name		fine-tune, add or adjust this during	
	Street		Street		our initial follow up. You aren't obli- gated for every product, but this will	
	City/State/Zip		City/State/Zip		help keep your options open.	
	Home Phone		Home Phone		If you want a custom account or have a very	
					specific structure in mind, feel free to make a note of what you would like instead. Our	
	Work Phone		Work Phone		account listings and descriptions are found at the bottom of this sheet.	
	Cell Phone		Cell Phone		5. Please tell us more about you.	
	E-Mail		E-Mail		Information here is confidential and	
	Birthdate		Birthdate		protected by the terms of our Privacy Policy available at ArapahoeCU.org.	
	Driver Lic. #	ST Exp	Driver Lic. #	ST Exp	This information will allow us to serve you better while keeping us compliant	
					with federal law.	
	Employer		Employer		6. This section is optional and will	
6	Occupation		Occupation		help us take care of your account	
					if anything were to happen. *Please note: social security numbers here are not	
	event of the death of all account holders. Unless otherwise noted, each beneficiary will receive an equal percentage of funds designated below and are applicable to all current and future					
		. Not applicable to trust accounts.				
	Designate Specific Account(s) Beneficiary 1		Beneficiary 2		7. ⊠his section does not require anything from you. It is,	
	Name	Birthdate:	Name	Birthdate:	howev-er, important	
	Street		Street		information.	
7	City, State Zip		City, State Zip		8. Please sign and date for autho-	
		Deletionskie		Deletionelia	 rization. This signature will establish your member/ ownership of ACU. 	
	SSN	Relationship:	SSN	Relationship:		
	AUTHORIZATION				9. When complete, simply send or bring this back to us with a	
	During a below the agree to the terms and anothings of the Membership and Assaunt agreement. Truth is Pavings. Data and Eas Pahadula, Funda Availability Daliny Disebarys, if applicable, and				copy of your ID and a deposit of	
	to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement. I/we authorize				\$5 or more. We take it from	
	you to check account, credit and employment history and obtain a credit report from third parties, including credit reporting agencies to verify eligibility for the accounts and services //we requested. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.				Accounts at a Glance	
	The USA Patriot Act requires ACU to obtain, verify and record information that identifies each person who opens an account.				Basic Checking- No Min. Balance Interest Checking- \$500 Minimum Balance	
					Debit Cards- Free Custom Savings- No Minimum	
	TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION				Money Market Savings- \$1000 Minimum Overdraft Line-of-Credits	
	Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number,				Features at a Glance	
	 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 withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and 				Free Mobile Banking Free Account Alerts	
	3. I am a U.S. person (including a U.S resident alien). Certification Instruction: 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				Free Text Banking Free MFA-Secured Online Banking	
	on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.				Free Bill Pay Optional Courtesy Pay Program	
					Complete Lending Resource	
8		Det-	8 X Signature (Joint Oumer)	D-4-	*For more info, please visit us at 303-740- 7063 or online at ArapahoeCU.org. We are	
	Signature (Account Owner)	Date FOR CREDIT U	Signature (Joint Owner) JNION USE ONLY	Date	happy to help you with absolutely anything you might have questions on.	
	Member Eligibility Date:					
	Opened By ChexSystems:				Please note: Approval is required on some items and rates are subject to change without notice. Our accounts are straightforward	
	Manbarshin Officer OEAC'				and you are under no obligations. Let us know what you need and we will work to	
	*Discount of Data and Data and Data and Data and Data and Data and			 know what you need and we will work to make everything customized to your liking. 		