



New Member Information and Authorization Form

Please fill out entire form

First Name _____ MI _____ Last Name _____

Street Address _____ Apt# _____

PO Box _____

City _____ State _____ Zip Code _____

SSN/TIN _____ DOB _____

Mothers' Maiden Name: _____

Phone Number: _____ Are you Active in the Military: Yes No

Primary reason for opening an account? _____

Are you currently employed or invested in any Marijuana Related Businesses? Yes No

Membership eligibility requirements for Healthcare Plus Federal Credit Union:

Live, work, worship, or attend school in Brown County or have a family member who qualifies with one of these criteria.

I am eligible to become a member of Healthcare Plus Federal Credit Union because I:

Live in Brown County _____

Work in Brown County at _____

Worship in Brown County at _____

Attend School in Brown County at _____

My family is eligible.

Family member's name _____

Address _____

Phone Number _____

Read and initial below:

_____ I am aware, to satisfy the US Patriot Act, federal regulations require all financial institutions to run an OFAC (Office of Foreign Assets Control) check on all new members. This allows the government to review and potentially track illegal activity. Non-expired Government issued photo id, or alternative documents are required to verify member identity.

_____ I am also aware there is a review of previous checking account history that Healthcare Plus Federal Credit Union will run on all potential new draft (checking) accounts. The results of this report determine which services may be offered to new members.

Signed _____ Date _____