

# BELL CREDIT UNION

1601 N LORRAINE HUTCHINSON KS 67501  
(620) 662-0731 – FAX (620) 662-0769  
www.bellcu.com

## 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 & record information that identifies each person who opens an account. What this means for you: When you apply for an account, we will ask 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 any other identifying documents.

Account Number \_\_\_\_\_

|              |                 |          |       |
|--------------|-----------------|----------|-------|
| Name         | _____           | SS#      | _____ |
| Address      | _____           | Phone    | _____ |
| City         | _____           | Dr Lic # | _____ |
| State        | _____ Zip _____ | DOB      | _____ |
| MMN/Password | _____           | Email    | _____ |
| Employment   | _____           | Work#    | _____ |

### JOINT

|            |                 |          |       |
|------------|-----------------|----------|-------|
| Name       | _____           | SS#      | _____ |
| Address    | _____           | Phone    | _____ |
| City       | _____           | Dr Lic # | _____ |
| State      | _____ Zip _____ | DOB      | _____ |
| Employment | _____           | Work#    | _____ |

Name and Address of Relative Not Living With You:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

This application is submitted to open an account, add joint owners, and obtain a Checking and/or Debit Card, Overdraft Protection, or Overdraft Checking with Bell Credit Union. I (We) certify that this information is true and complete. I (We) authorize the Credit Union to verify or obtain other information that the Credit Union may deem necessary concerning my (our) credit standing. If approved, I (We) agree by signing below to be bound by the terms and conditions accompanying this account. I (We) understand that the Credit Union will run a credit report and also review the above information with the Office of Foreign Asset Control.

I (We) are applying for:

|  |  |
|--|--|
| <input type="checkbox"/> To Open an Account or Add Joint Owner   | <input type="checkbox"/> Internet Account Access               |
| <input type="checkbox"/> To Open a Checking Account              | <input type="checkbox"/> To Obtain an ATM/Debit Card           |
| <input type="checkbox"/> To Open an Overdraft Protection Account | <input type="checkbox"/> To Open an Overdraft Checking Account |

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver License  Social Security Card  Other Picture ID verified by \_\_\_\_\_

*"Not for Profit, Not for Charity, But for Service"*