

FINANCIAL SERVICES BUILT FOR HARDWORKING PEOPLE

Joint Owner/ Custodian Date

YA MEMBERSHIP APPLICATION AND ACCOUNT AGREEMENT FORM

☐ VISA Debit Card

(YA Accounts Only)

YA Account (13 - 18 years of age)

Custodial Account (birth - 21 years of age)

PRIMARY MEMBER/C	OWNER						
Member/Owner Name			Social Security Number				
			Email Address				
	City						
	Driver's License #		Home Phone #				
JOINT OWNER/ CUST	ODIAN INFORMATION						
oint Owner Name	oint Owner Name			Social Security Number			
Account Number			Email Address				
Address	City		State	Zip	D.O.B		
MMN:	Driver's License #		Home Pho	one #			
withholding, and that	am a U.S. person (including a U.S. resid		tified me that I am no longer subject to backup ident alien). Date///				
BENEFICIARY INFORI	MATION						
Beneficiary Name	Date of Birth	SSN	Relatior	nship			
ACKNOWLEDGEMEN	T/AUTHORIZATION						
complete and true. The they (or one of them) I Agreement, Truth In Lo Card Disclosure. I agre The undersigned auth	ccount information on the e undersigned and the Joir nave reviewed and received and received and received and received and received and the set of abide the terms and corizes Northern Indiana Fear credit reporting agencies.	at Owner/Custo d all relevant ac ds Availability, F onditions and a deral Credit Ur	dian who have sig count disclosure rivacy Policy, Elec all future revision	gned below a s including th ctronic Funds s of these dis	acknowledge that ne Membership Act & Visa Debit sclosures/policies.		
minary wichiber/OWII	c. Dutc						