



KEMBA SCHOOL PRIDE APPLICATION – LAKOTA WEST

To join the credit union, please complete all applicable sections. The U.S.A. Patriot Act requires proper identification with name, current address, date of birth, and Social Security Number (ex. Driver's License or Passport). Please include copies of the valid documentation with your application, including proof of eligibility.

I am eligible for membership as a student or a family member of a student at Lakota West High School.

ACCOUNT TYPE

Single Account OR Joint Account

PRIMARY MEMBER INFORMATION (PLEASE PRINT)

First Name		Middle Name	Last Name	Office Use Only
Address			City	
State	ZIP Code	Employer	Occupation	
Social Security Number		Driver's License Number	Date of Birth	
Mobile Phone		Work Phone	Ext	Home Phone
Email			Mother's Maiden Name	

Office Use Only

JOINT APPLICANT INFORMATION (IF APPLICABLE)

First Name		Middle Name	Last Name	Office Use Only
Address			City	
State	ZIP Code	Employer	Occupation	
Social Security Number		Driver's License Number	Date of Birth	
Mobile Phone		Work Phone	Ext	Home Phone
Email			Mother's Maiden Name	

Office Use Only

SCHOOL PRIDE CHECKING ACCOUNT Yes No

Lakota West Firebirds

Select a Reward Recipient: Athletic Boosters PTSO Band Boosters

DIRECT DEPOSITS/WITHDRAWALS & CASH TRANSACTIONS

	Amount per Transaction	# of Transactions per month
Direct Deposit – Anticipated (i.e. payroll)	\$	
Cash Deposits	\$	
Cash Withdrawals	\$	

Check here if you would like to be provided with routing instructions to submit to your employer for the purpose of starting a direct deposit to you:
 Savings and/or Checking

E-STATEMENTS

Mailed Paper Statements will incur a fee; please see our fee schedule.

Kemba offers E-Statements at no charge. To sign up for E-Statements, please visit www.kemba.com, and log on to our online banking system.

MEMBER SIGNATURE

MEMBERSHIP AUTHORIZATION: I/We hereby apply for membership to the credit union and agree to conform to its Articles, By laws, and Regulations and amendments thereof, and to subscribe for at least (1) share. I/We agree to be bound by the applicable agreements, which have been provided to me/us in current form for the accounts and services indicated above. All accounts designated to have one or more Co-owners, in addition to the Primary Member/Owner, shall be in Joint and Survivorship form. All joint memberships or accounts shall be held jointly and severally by each member/account holder, with right of survivorship, and be subject to withdrawal or receipt of any of them. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans.

The terms of this membership application and agreement, and those applicable to each of your accounts at Kemba Credit Union, Inc., shall be governed by Ohio law and any disputes arising there under shall be heard in the courts of Hamilton County, Ohio.

TAXPAYER CERTIFICATION: Under penalties of perjury, by signing below I certify that: (1) that the Social Security or Tax ID Number listed in the Owner Information section, is the correct number for tax reporting purposes; (2) I am not subject to backup withholding under the provisions of the IRS Code; (3) I am a U.S. person or U.S. resident alien; and (4) all information provided is correct. Instruction to signer: If you have been notified by the IRS that you are subject to backup withholding due to a notified payee underreporting and you have been notified that the backup withholding is terminated, you should strike out the language in clause 2 above. If you are not a U.S. person, cross out clause 3 and complete IRS Form W-8BEN.

I/We acknowledge that I/We have received a copy of and will read the terms and conditions of membership and the terms and conditions applicable to each of my accounts at Kemba Credit Union, Inc.

I/We agree that the credit union may contact any source necessary to determine my/our credit and financial responsibility. The information provided on this application is true and complete.

Signature of Primary Member _____ Date _____

Signature of Joint Applicant _____ Date _____

When application is complete, be sure to sign along with any joint applicant. Return application, along with proof of eligibility and valid documentation for proof of name, address, social security number and birthday, along with a check or money order for \$6.00. This is your initial deposit and membership fee. If you cancel your membership within 6 months, an early closing fee of \$5.00 will be assessed.