NORTHEASTERN CONNECTICUT HEALTHCARE CREDIT UNION, INC.

320 POMFRET ST. PUTNAM, CT 06260 (860) 928-2347

APPLICATION FOR MEMBERSHIP

A MINIMUM DEPOSIT OF $ 25.00 IS REQUIRED TO OPEN YOUR ACCOUNT BY EITHER A CASH/CHECK DEPOSIT OR YOUR FIRST PAYROLL DEDUCTION.
BY SUBMITTING THIS APPLICATION, YOU AUTHORIZE ACCESS TO CREDIT RECORDS AND RELATED INFORMATION FOR ALL APPLICANTS IN ORDER TO VERIFY YOUR IDENTITY.

ACCOUNT NUMBER - **SOCIAL SECURITY NUMBER** _____ - _____ - _____

- **NAME:** _____

ANY PREVIOUS SURNAMES: _____ *(MAIDEN NAME, NAME CHANGES)*

ADDRESS: _____

_____ **DATE OF BIRTH:** ____ / ____ / ____

EMPLOYER: _____

DEPT & OCCUPATION: _____

PHONE NUMBER: (**)** _____ **WORK:** _____ **EXT (** **)**

MOTHER'S MAIDEN NAME: _____ *{ Security Question }*

E-MAIL ADDRESS: _____

JOINT OWNER'S NAME: _____

ANY PREVIOUS SURNAMES: _____ **S.S. #** _____ - _____ - _____

ADDRESS: _____

_____ **DATE OF BIRTH:** ____ / ____ / ____

RELATIONSHIP: _____ **EMPLOYER:** _____

PHONE NUMBER: (**)** _____ **WORK:** _____ **EXT (** **)**

MOTHER'S MAIDEN NAME: _____

E-MAIL ADDRESS: _____

EACH OWNER MUST SIGN THE SIGNATURE CARD UNDER "JOINT SHARE ACCOUNT AGREEMENT"

FOR CREDIT UNION USE: _____ **COPY OF LICENSE** _____ **SSN, ADDRESS & OFAC CHECK**

_____ **SIGNED SIGNATURE CARD** _____ **SIGNED PAYROLL AUTH** _____ **CARD TYPED**

_____ **ENTERED IN COMPUTER** _____ **LIST ON NEW A/C LIST** _____ **LIST ON P/R DEDUCTION LIST**

_____ **EMAIL MEMBER WELCOME LETTER & ACCT DISCLOSURES**

Date: _____ **STAFF:** _____