

# Knoxville Teachers Federal Credit Union Membership Application

## Personal and Financial Information

(Blanks or uncompleted sections will be interpreted as "none", "no", or "zero".)

### 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, and record information that identifies each person who opens an account. What this means to you: When you open an account, we 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 other identifying documents.*

Full Name (Last, First, MI): \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years at current Address \_\_\_\_\_ Present place of work \_\_\_\_\_ Date Hired \_\_\_\_\_

Position or title \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Employer's address (If not Knox or Anderson County Schools) \_\_\_\_\_

|  |                                   |   |  |                               |                             |
|--|-----------------------------------|---|--|-------------------------------|-----------------------------|
| Names, address, and relationships of closest relatives or friends for use in case of loss of address, emergency, or delinquency.<br>(At least one must reside in Knox or Anderson County.) |                                   |   |  |                               |                             |
| Name _____   | Relationship _____                | Phone _____                                   |  |                               |                             |
| Address _____  | City _____                        | State _____                                   | Zip _____  |                               |                             |
| Name _____   | Relationship _____                | Phone _____                                   |  |                               |                             |
| Address _____  | City _____                        | State _____                                   | Zip _____  |                               |                             |
| <b>For family membership applicants:</b> Provide the contact information of the individual who qualifies you for membership.   |                                   |   |  |                               |                             |
| Name _____   | Relationship _____                | Phone _____                                   |  |                               |                             |
| Address _____  | City _____                        | State _____                                   | Zip _____  |                               |                             |
| Are you a co-maker, endorser, or guarantor on any loan or contract?<br>Where? _____  | Yes <input type="checkbox"/>      | No <input type="checkbox"/>                   | Do you anticipate MONTHLY CASH deposits in excess of \$5,000.00?     | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |
| Are there any unsatisfied judgements against you?<br>By whom? _____  | <input type="checkbox"/>          | <input type="checkbox"/>                      | Do you anticipate MONTHLY INTERNATIONAL wires?                       | <input type="checkbox"/>      | <input type="checkbox"/>    |
| Are you a party to a lawsuit?  | <input type="checkbox"/>          | <input type="checkbox"/>                      | Have you been declared bankrupt in the last 14 years?<br>Year? _____ | <input type="checkbox"/>      | <input type="checkbox"/>    |
| What is the purpose of this account? <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Other _____  |                                   |   |  |                               |                             |
| What is the source of opening funds:   |                                   |   |  |                               |                             |
| <input type="checkbox"/> Loan Proceeds   | <input type="checkbox"/> Payroll  | <input type="checkbox"/> Personal Check _____ | <input type="checkbox"/> Money Order                                 | <input type="checkbox"/> Cash |                             |
| <input type="checkbox"/> Cashiers Check  | <input type="checkbox"/> Wire/ACH | <input type="checkbox"/> Other _____          |  |                               |                             |

*Everything that I have stated here is correct to the best of my knowledge. I understand that you will retain this information whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.*

Signature/Date \_\_\_\_\_ Email address \_\_\_\_\_

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| How did you learn about Knoxville Teachers Federal Credit Union? |  |   |                                     |
| <input type="checkbox"/> Coworker(s)                             | <input type="checkbox"/> Family Member       | <input type="checkbox"/> Teacher Supply Depot | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> School Visitor                          | <input type="checkbox"/> New Teacher Meeting | <input type="checkbox"/> Other _____          |                                     |

**Office Use Only:**

Identification Verified and documentation recorded of the following:

\_\_\_ Drivers License    \_\_\_ Alien I.D. Card

\_\_\_ Passport    \_\_\_ Other government issued document bearing photo or similar safe guard

**Security Use Only:**

\_\_\_ OFAC

\_\_\_ Treasury CIP List

\_\_\_ Other \_\_\_\_\_

Verified by: \_\_\_\_\_

# Knoxville Teachers Federal Credit Union

## Authorized Signator/Joint Owner/Co-Signer Application

### Personal Information

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Full Name (Last, First, MI): \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Social Security Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Physical Address \_\_\_\_\_ Years There \_\_\_\_\_

Present place of work \_\_\_\_\_ Telephone \_\_\_\_\_ Date hired \_\_\_\_\_

Position or title \_\_\_\_\_ Name of immediate supervisor \_\_\_\_\_

Employer's address (If not Knox County Schools) \_\_\_\_\_

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Do you anticipate MONTHLY CASH deposits in excess of \$5,000.00? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you anticipate MONTHLY INTERNATIONAL wires?                   | <input type="checkbox"/> | <input type="checkbox"/> |

*Everything that I have stated here is correct to the best of my knowledge. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.*

\_\_\_\_\_  
Signature/Date \_\_\_\_\_  
Email address

**Member Services Representative Use Only:**

Identification Verified and documentation recorded of the following:  
 \_\_\_ Drivers License      \_\_\_ Alien I.D. Card  
 \_\_\_ Passport            \_\_\_ Other government issued document  
    bearing photo or similar safe guard

Enter Required Information on Primary Member:

\_\_\_\_\_  
Primary Member

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

\_\_\_\_\_  
Social Security Number

\_\_\_ Completed by Member Services Representative

**Security Officer Use Only:**

\_\_\_ OFAC  
 \_\_\_ Treasury CIP List  
 \_\_\_ Other \_\_\_\_\_

Verified by: \_\_\_\_\_