

# Membership Application Checklist



## To speed up the processing of your application, please follow these steps:

1. If you are 18 or older, complete your membership application online by visiting [dcu.org](https://dcu.org). If not,
2. Fill out the application completely and sign it. **Incomplete, unsigned, or illegible applications will result in delays.**
3. Include originals or true copies of the required identification (see below) for both Primary Member and Joint Owner(s). Two of the following forms of identification one of which must include a picture and one of which must reflect your current address. (If one of these forms of identification includes both, you need only submit that one.):

- Valid US Driver's License
- US Social Security Card
- Passport
- Utility Billing Statement
- US Military ID
- US Work Visa
- Other Picture ID Issued by US Federal, State, or Local Government
- 2nd form of identification always required with Federal, State or Local ID card

**NOTE: If the Primary Member or Joint Owner is under the age of 18, please provide a true copy of their US Social Security Card or Birth Certificate.**

**DCU reserves the right to require additional information.**

4. Social Security Number or ITIN is required for all applicants.
5. You must provide a minimum deposit of at least \$5.00 to a Primary Savings Account to open your membership. **NOTE: Each Membership is limited to one core savings product (i.e., Primary Savings Account or Savings Account, as applicable).** For additional savings options please visit [dcu.org](https://dcu.org) or stop by any branch location.
6. Return your application, check (if applicable), and copies of your identification by mail to:

**Digital Federal Credit Union**

New Accounts Department  
220 Donald Lynch Boulevard, PO Box 9130  
Marlborough, MA 01752-9130

If your minimum opening deposit is made using an electronic check or an existing DCU account transfer, you may fax your completed application and copies of your identification to 508.207.9301 or email them to [accountopening@dcu.org](mailto:accountopening@dcu.org). **NOTE: Emails sent to us at the email address listed here are not encrypted, so you should not use this email address to send Account numbers or other personal information.**

# DCU Membership Eligibility



For the purposes of this Application the following individuals are considered within DCU's field of membership and eligible to join. Individuals who:

- (1) Live, work, worship, or attend school in one of the communities in DCU's field of membership.
- (2) Are spouses, domestic partners, children, grandchildren, parents, grandparents, or siblings (including adoptive, in-law, and step relationships) of a current DCU member or of a Joint Owner who is eligible for membership as described in this section; or,
- (3) Work for, belong to, or have retired from one of the participating companies, organizations, or associations in DCU's field of membership.

The current list of participating companies, organizations, associations, and communities is available online at: [dcu.org/about/member-eligibility.html](https://dcu.org/about/member-eligibility.html).

## What You Can Expect

If submitting your application electronically, please allow 3-5 business days for the following:

- Your membership application to be processed and for receipt of your new membership card information.
- Your New Member Welcome Kit.
- Your DCU PIN (Personal Identification Number).

If you are opening a DCU Free Checking account, please also...

- Allow 7-10 days for your DCU Visa® Debit Card to arrive.

**NOTE: Application submission via standard mail will increase processing time.**

DCU ONLY: Member # \_\_\_\_\_  
(Assigned by DCU)

## Membership Application

### Instructions:

All sections must be completed. Please review entire application and complete additional sections as applicable. Include no less than \$5 with this application. **Incomplete, unsigned, or illegible applications will result in delays.**

### Important Information

We are required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a DCU Account. We will ask for your legal name, US residential address, Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), Phone Number, and Date of Birth. **REQUIRED IDENTIFICATION:** No individual can be named on this account in any capacity without having provided the following current identification, one of which must include a picture and one of which must reflect the Individual's current US residential address as given. If one of these forms of identification includes both you need only submit that one: • US Driver's License • US Social Security Card • Passport • US Military ID • US Work Visa • Other Government Issued picture ID (2nd ID always required) • Utility bill (for US residential address verification only). DCU reserves the right to request additional identification. For purposes of verifying the US residential address only, you may also submit a copy of a utility or other bill reflecting the address.

If you are already a DCU member, you are not required to provide the **REQUIRED IDENTIFICATION**, but you must provide your DCU Member #, Legal Name, and SSN below.

## 1. GENERAL INFORMATION – PLEASE PRINT CLEARLY

### Primary Owner

\_\_\_\_\_  
Legal First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Legal Last Name

\_\_\_\_\_  
Social Security or Tax ID #

← **MUST enter Primary Owner's SSN or ITIN**

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Occupation

Use specific description such as doctor, carpenter, attorney, plumber, truck driver, hardware store, etc. If occupation is self-employed, retired, or unemployed, add the former profession if known. Example: Retired plumber.

\_\_\_\_\_  
US Residential Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Mailing Address (If different than US residential address)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Email Address

## Joint Owner

Membership Number (Existing DCU Members only)

Legal First Name

Middle Initial

Legal Last Name

Social Security or Tax ID #

DOB

Occupation

Use specific description such as doctor, carpenter, attorney, plumber, truck driver, hardware store, etc. If occupation is self-employed, retired, or unemployed, add the former profession if known. Example: Retired plumber.

US Residential Address

City

State

Zip

Mailing Address (If different than US residential address)

City

State

Zip

Home Phone

Cell Phone

Work Phone

Email Address

## 2. ACCOUNTS & SERVICES

### Instructions:

I will check "Individual" for those accounts or services for which I am applying in my name only, "Joint" when applicable ONLY when I want that account accessible to the Joint Owner I listed above. **NOTE: If I give my PIN to my Joint Owner, that Joint Owner will be able to access the Membership via Easy Touch Telephone Teller and Digital Banking, as well as with a DCU Debit or ATM Card if one is ordered in that Joint Owner's name.**

Individual

☐

Joint

☐

**Primary Savings Account** (please include no less than \$5 with this application – required to open and maintain Membership)

✓ Personal Identification Number (PIN) for Electronic Service usage. (I understand this will be generated and mailed to the Primary Owner's address.)

✓ Electronic Accessibility via Digital Banking and Easy Touch Telephone Teller

**Individual****Joint**☐☐**FREE Checking\***

I have read the Disclosure on the last page of this Application and would like to:

Please read  
if opening



**Free Checking**

☐

Opt-in to Overdraft Payment Service (Full)

☐

Opt-in to Overdraft Payment Service (Basic) but do not want DCU to Authorize and pay overdrafts for my everyday debit card transactions processed outside of the PIN network.

(I understand that I will receive an acknowledgement of this request in 2 business days)

☐☐

Visa® Debit Card\*\*, **OR**

☐☐

Savings ATM Card\*\*

☐☐

**Advantage Savings Account** NOTE: The Advantage Savings account is an interest earning sweep account where a portion of the account balance is automatically swept out to accounts held at participating FDIC and/or NCUA insured banks and/or credit unions throughout the country, while you maintain access to the full balance in the account. Please refer to DCU's Advantage Savings Terms and Conditions for important information and disclosures regarding the Advantage Savings account.

☐☐

**Money Market Account** (\$1,000 minimum required to earn dividends) ☐ Please also provide Money Market Checks\*\* at this time.

\*Upon Approval

\*\* Allow 7-10 business days to receive

### 3. FIELD OF MEMBERSHIP

**Field of Membership Selection:**

**MUST BE COMPLETED (Select One) if unsure please go to [dcu.org](https://dcu.org) for a complete listing of eligible entities.**

☐ I am eligible to join through my Employer: \_\_\_\_\_  
Company Name

☐ I am eligible to join as a member of: \_\_\_\_\_  
Name of Organization or Association

☐ I am eligible to join through the following Immediate Family Member sponsor (includes adoptive, in-law, and step relationships) which you may verify: This person's name is \_\_\_\_\_ and s/he is my:

☐ spouse or domestic partner

☐ parent

☐ grandparent

☐ child

☐ grandchild

☐ sibling

☐ I will become eligible by joining an organization DCU serves. (NOTE: Requires an additional fee or donation to the organization.) Please select:

☐ Reach Out for Schools - \$10 one-time donation

☐ New England Chapter, PRRT&HS - \$15 one-time donation

☐ Merrimack River Watershed Council (MRWC) - \$35 one-time donation

☐ OARS (Organization for the Assabet, Sudbury & Concord Rivers) - \$30 one-time donation

☐ SHOLAN FARMS - \$25 one-time donation

☐ SOLF (Southborough Open Land Foundation) - \$25 one-time donation

☐ The Free Software Foundation - \$120 one-time donation

☐ Worcester County Horticultural Society – Tower Hill Botanic Garden - \$55 one-time donation

## 4. OPENING DEPOSIT

### Opening Deposit Selection:

Minimum \$5 is required to open and maintain Membership with DCU. If applicable, additional organizational fee or donation may be required for joining an organization. The opening deposit will be credited to your Primary Savings account.

Select ONE:

- ☐ Electronic Check (NOTE: You must be an owner on this account)  
**MAXIMUM DEPOSIT LIMIT OF \$250**

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Name on Account

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

\_\_\_\_\_  
Institution Name

Account Type

☐ Checking ☐ Savings

\_\_\_\_\_  
Institution Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

I hereby authorize the initiation of a one-time debit from my account at the financial institution named above through the Automated Clearing House (ACH) system and authorize said institution to debit my account for the amount set forth above. I acknowledge that this request does not violate the provisions of United State law as it applies to ACH transactions. I also authorize adjustment entries in the event of erroneous transactions on my account. I agree to hold DCU harmless for any expenses, including fees, incurred as a result of its inability to process a scheduled preauthorized withdrawal due to my having supplied incorrect information; its having acted on a stop payment order; or there being insufficient funds in the account I have indicated. **Initials:** \_\_\_\_\_

- ☐ Existing DCU Account Transfer (NOTE: You must be Primary or Joint Owner of the account)

\_\_\_\_\_  
Member Number

\_\_\_\_\_  
Share Number

- ☐ Check or Money Order (NOTE: Must be enclosed with application to avoid processing delays)

**Total Opening Deposit: \$** \_\_\_\_\_

Minimum \$5 plus, if applicable, any organizational fee/donation for Field of Membership.

## 5. AGREEMENT AND TIN CERTIFICATION

### Agreement:

By signing below, I am applying for membership at DCU, and I certify that:

- The information provided by me related to this application is true, correct, and complete; otherwise, DCU may demand payment in full on any debt I have outstanding with you and/or revoke any DCU services I use;
- I am within the field of membership, whether by way of employment, organizational or associational affiliation, or an immediate family relationship as defined in DCU's Account Agreement for Consumers;
- I read and agree to the terms and conditions of the **Account Agreement for Consumers**, the **Schedule of Fees and Service Charges**, the **Privacy Policy**, and the **Overdraft Payment Service Disclosure (if opting in)**, each of which is incorporated in this application by this reference. These disclosures are available for review at [www.dcu.org](http://www.dcu.org) or upon request by contacting DCU and will also be delivered to me after my membership is approved.
- I understand that my membership, once approved, will automatically include a Primary Savings Account, as well as access to Digital Banking and Easy Touch Telephone Teller.
- If I, the Primary Owner, am under 17 years of age, I understand that I must have a parent or guardian of legal age become a Joint Owner on any checking account(s) I have with DCU.
- I hereby provide written instructions and authorization to DCU to obtain consumer reports, such as credit reports and deposit/share account reports, and to gather and exchange whatever credit, account, and employment information DCU considers appropriate from time to time, and I understand that DCU may make credit or other decisions based in whole or in part on this information.

### CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

**Under penalties of perjury, I certify that: (1) The TIN shown on this application is my correct taxpayer identification number. And (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien).**

Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

**THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

\_\_\_\_\_  
Primary Owner's Signature                      Date                      Joint Owner's Signature                      Date

**Please sign this application. Typed names will not be accepted unless verified as a digital signature.**

### DID YOU REMEMBER TO:

- Write clearly
- Enter your Social Security #
- Include initial deposit of at least \$5
- Sign (Primary and Joint Owner)
- Include Required Identification

**INTERNAL USE ONLY:**    Rec'd \_\_\_\_\_    Proc. By # \_\_\_\_\_    Ver. By # \_\_\_\_\_    SDC # \_\_\_\_\_  
Primary ID Type \_\_\_\_\_    # \_\_\_\_\_    Issue Date \_\_\_\_\_    Exp. \_\_\_\_\_  
Add'l Doc. \_\_\_\_\_  
Joint ID Type \_\_\_\_\_    # \_\_\_\_\_    Issue Date \_\_\_\_\_    Exp. \_\_\_\_\_  
Add'l Doc. \_\_\_\_\_