



# KEMBA DELTA FEDERAL CREDIT UNION

3108 N. GERMANTOWN PKWY #106  
PHONE: (901) 795-9055  
TOLL FREE: 1-888-725-3622

BARTLETT, TN 38133 **OFFICE USE ONLY**  
FAX: (901) 795-9063 **MEMBER NUMBER**  
[www.kembadelta.org](http://www.kembadelta.org)

## Membership Application

**Kemba pulls your credit score before opening an account. Your credit score will determine if you qualify for any of our products/services. By signing below, I/we give authorization for Kemba to obtain a copy of my/our credit report from Transunion prior to membership account opening to determine my eligibility for Products & Services in which I am interested. By signing below I also agree to indemnify and hold harmless Kemba Delta Federal Credit Union, its employees, agents, officers and directors from any claims related to obtaining a copy of my credit report prior to account opening. If account opening occurs, all of the terms, conditions, form of account ownership, account selection and other information indicated on this application apply to all of the accounts listed below unless the member notifies Kemba in writing of a change.**

**Please check all products/services below in which you desire to actively participate:**

- Car Loan---Dollar Amount Requested if known \$ \_\_\_\_\_ (Write Max. if unsure)
- Car Refinance---Dollar Balance to refinance \$ \_\_\_\_\_ (Estimate if unsure)
- Cash Loan---(Based upon monthly wages)---Dollar Amount Requested \$ \_\_\_\_\_
- Debit Card--Requires Minimum \$150 per payroll deposit to qualify (Paystub Required)
- Certificate of Deposit---Minimum \$500 required per certificate opening
- Savings Acct---(Requires Minimum \$50 per payroll deposit or 2<sup>nd</sup> active product above)

## Ownership Information

(Email Copy of Driver's License) Email: [yaskew@kembadelta.org](mailto:yaskew@kembadelta.org) or [mdavis@kembadelta.org](mailto:mdavis@kembadelta.org)  
(If you have a Smart Phone you can take a picture of your ID and email it to the above.)

## Individual Ownership

Member Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Joint Ownership/Beneficiary information if desired is located on page 2.

**\*Note: Eligibility for Membership: Join if you have a Relative that is a Kemba member.**

Print name & relationship of Kemba Relative: \_\_\_\_\_

**COMPLETE PAGE 2 AND SIGN**



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## Joint Ownership

### Joint Member Information (if applicable)

Joint Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Beneficiary Information (Recommended in case of death)

Beneficiary Name: \_\_\_\_\_ Beneficiary Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Beneficiary Phone#: \_\_\_\_\_ Beneficiary Phone#: \_\_\_\_\_

#### TIN Certification and Backup Withholding

Under Penalties of perjury, I Certify that: (1) The number shown on this is my correct taxpayer identification number, (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 Services (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). Certification Instructions Cross out item 2 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.

#### Authorization

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein, I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card of EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/we authorize the Credit Union to check our credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with us. The Internal Revenue Service does not require your consent to any provision of this document other than the certificates required to avoid backup withholding.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Member Signature (if applicable)

\_\_\_\_\_  
Date