

Applicant Name: _____
School Name: _____
Date: _____



CHOOSE YOUR ACCOUNTS

Check each account or service you are requesting from BrightStar Credit Union.

Membership Status	<input type="checkbox"/> New Membership	<input type="checkbox"/> New Account
<input type="checkbox"/> BrightStar CU Membership (Savings)	_____	_____
<input type="checkbox"/> FREE Checking with e-Statements	_____	_____
<input type="checkbox"/> Visa Check Card /ATM Card	_____	_____
<input type="checkbox"/> Wish Account Term/Maturity	_____	_____
<input type="checkbox"/> Other	_____	_____

Additional Notes:

954.486.BSCU (2728)
Toll Free 800.637.BSCU

Mailing Address for paper applications:
BrightStar Credit Union
P.O Box 8966
Fort Lauderdale, FL 33310-8966



New Account Application Instructions

1. Choose accounts. Your Membership includes a Savings Account (mandatory).
2. Complete home owner or renter section.
3. Complete section one for Primary Member in entirety.
4. Complete source of Eligibility of Membership.
5. Complete section two and three in the event of joint ownership. Note for minor accounts the minor is the primary owner; parent or guardian is joint owner.
6. Primary Member reads Signature section and signs and dates where noted for Primary Member (two signatures required).
7. Joint owners sign where indicated.

Additional Important Information:

- Complete and sign your direct deposit form - BrightStar CU will send the form to your HR or payroll department. Include payroll department address. (optional)

- If opening a Checking Account, complete the Courtesy Pay Authorization form if applicable.

- **Enclose a photocopy of driver's license or government issued ID for all account owners. This is required. (student IDs acceptable for minors). If your current address does not match the address on your driver's license, please submit a copy of a current utility bill, work or school picture ID, lease, passport or voter's registration card.**

- Minor accounts (under 18 years of age) must have parent or guardian as joint owner. SSN numbers are required for all parties.

Once you receive your Membership packet with account numbers in the mail, you may begin using your account. Your Visa Check Card, if requested, will arrive within 10 business days.

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Attn: Marketing Department
P.O. Box 8966
Fort Lauderdale, FL 33310-8966

Membership and Account Signature Card



This Membership and Account Signature Card, and the designations of joint owners and pay-on-death beneficiaries set forth herein, governs and applies to all deposit accounts (except any IRA account) of the Primary Member identified below as of the date of the signature of the Primary Member set forth below and deposit accounts (except IRA accounts) of the Primary Owner established on or after such date. The designations set forth herein amend and supersede all prior designations.

IMPORTANT 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 when opening a new account. **What this means for you: When you open an account, we will 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.**

1 Primary Member Information					
Member Number:	Date:	Date of Birth:	SSN#:		
Name:	Driver License Number:		State:		
Name:	Occupation:				
Permanent Address:			E-mail Address:		
City:	State:	Zip:	Cell:	Work:	Home:
Mailing Address:			Mother's Maiden Name:		
City:	State:	Zip:	Password:		
SOURCE OF ELIGIBILITY FOR MEMBERSHIP I live, work, or attend school in one of the eligible counties. List County _____ I am related to someone eligible for membership, print name, relationship _____ Other (please explain) _____					

2 Joint Owner Information					
Name:	SSN#		Date of Birth:		
Address:	Driver's License Number:		State:		
City:	State:	Zip:	Occupation:		
Home Phone:	Cell Phone:		Email Address:		
Work Phone:					

3 Joint Owner Information					
Name:	SSN#		Date of Birth:		
Address:	Driver's License Number:		State:		
City:	State:	Zip:	Occupation:		
Home Phone:	Cell Phone:		E-mail Address:		
Work Phone:					

4 Joint Owner Information					
Name:	SSN#		Date of Birth:		
Address:	Driver's License Number:		State:		
City:	State:	Zip:	Occupation:		
Home Phone:	Cell Phone:		E-mail Address:		
Work Phone:					

PAY-ON-DEATH BENEFICIARY(IES)

First Name _____ Last Name _____ Relationship _____

First Name _____ Last Name _____ Relationship _____

First Name _____ Last Name _____ Relationship _____

First Name _____ Last Name _____ Relationship _____

Signatures

PLEASE READ CAREFULLY BEFORE SIGNING

Each person who signs this Membership and Account Signature Card (a) warrants that all information set forth herein is true and correct; (b) authorizes BrightStar Credit Union ("Credit Union") and its agents to obtain and verify information related to such person and such person's deposit, employment, income and credit history, including, without limitation, consumer reports with respect to such person from consumer reporting agencies, at any time hereafter; and (c) acknowledges receipt of and agrees to be bound by the Credit Union Consumer Account Disclosures and all other agreements and disclosures provided to such person by the Credit Union, as amended by the Credit Union from time to time in the Credit Union's sole discretion.

By signing below, the Primary Member identified above makes application for membership in the Credit Union and agrees to be bound by the Credit Union's Bylaws and all terms and conditions of Credit Union membership as amended by the Credit Union from time to time in its sole discretion.

Primary Member Signature _____ Date _____
X

Under penalty of perjury, I certify that: (1) I am a U.S. Person (including U.S. Resident Alien). **(2)** The tax identification numbers shown above for the primary member is correct. **(3)** I am not subject to backup withholding due to failure to report interest and dividend income. **Certification Instructions:** You must strike out item 3 if you have been notified by the IRS that you are currently subject to backup withholding.

Primary Member Signature _____ Date _____
X

Signatures

Ownership _____ Date _____
X

Ownership _____ Date _____
X

Ownership _____ Date _____
X

Opened By _____