

Genesis Account Membership Application



*Please remember to sign the application. (All of the terms, conditions, form of account ownership, account selection and other information indicated on this form apply to all of the accounts. Because the Primary Member is a minor, we require an adult Joint Member to sign on this account)

Member (Student) _____

Address _____

City/State/Zip _____

Phone # _____

Email _____

SSN _____

DOB (mm/dd/yyyy) _____

Mother's Maiden Name _____

School/City _____

Joint Member (One Adult) _____

Address _____

City/State/Zip _____

Phone # _____

Email _____

SSN _____

Driver's License# _____

License State _____

Issue Date _____

Exp. Date _____

DOB (mm/dd/yyyy) _____

Mother's Maiden Name _____

Occupation _____

Employer _____

Will you have automatic debits or deposits attached to this account? Yes No

Do you anticipate sending/receiving wire transfers? Yes No

Will any transaction originate outside the U.S.? Yes No

Estimated number of monthly deposits _____

Estimated dollar amount _____

Are you a US Citizen/Permanent Resident? Yes No

If No, what is your nationality? _____

Are you/any family members a senior foreign political figure? Yes No

If yes, what country? _____

Account Agreement

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. By signing below, I/We agree to the terms and conditions of the Membership Agreement & Disclosures, Truth-in-Savings, Bylaws, Funds Availability Policy, Electronic Funds Disclosure, Rate and Fee Schedule, and any additional amendments Ohio Catholic may adopt from time to time. I further certify that I/We are eligible for Ohio Catholic's field of membership.

I/We understand Ohio Catholic has published a booklet entitled 'Membership Agreement & Disclosures' and the booklet has been or will be furnished to me/us in connection with the opening of this or any other account, obtaining a debit card, or any loan product. I/We certify that the identification number given to open this account is my/our correct identification number, that I/We are not subject to backup withholding, and I/We am a United States person or United States resident alien.

This agreement supersedes any previous account agreement.

Parent/Legal Guardian Signature
(Joint Account Owner)

Date