

Liberty Middle School Student-Run Credit Union



Dear Liberty Middle School Students and Parents,

Liberty Middle School invites you to participate in our partnership with Community Financial. This business education partnership encourages personal financial responsibility by providing students with a student-run credit union and classroom presentations at Liberty. This partnership is with many district schools, including **Canton, Plymouth, Salem, and Starkweather High Schools.**

Students learn hands-on life skills by saving their money at the Liberty Student-Run Credit Union. The 7th grade students, in the Life Management class, will operate the student-run credit union. These students will learn valuable skills as they process transactions for student members under the assistance of credit union personnel.

Information:

- **You may open an account at any time.** The Liberty Student-Run Credit Union will be open on selected days during the school year. Your welcome letter will include all deposit dates.
- **These are actual savings accounts** which may be accessed at any Community Financial branch during regular hours of operation, online, and at the student-run credit union at Liberty.
- These accounts will have **no monthly service fee and no minimum balance required.**
- Students will receive a receipt at the time of deposit. Monthly statements will be mailed to the student's home.

To Participate:

- **Existing members:** If the student currently has an account at Community Financial, please complete the information below and return to the school office or fax to me at the number below.
- **New student members:** Please complete the membership application on the back of this form and fax your form directly to my computer at (734) 582-8745, email to eilg@cfcu.org or you may open your account by phone by calling (734) 453-1200.
- **Note:** The student is the first member on the account. Dividends will be reported to the student's social security number. One parent/guardian must be joint on the account, both are welcome. **Please include social security numbers and signatures for all members on the account.**

We encourage all students to participate in this unique and rewarding experience in order to increase their personal financial education and to help the student volunteers learn career skills. If you have any questions or comments, please feel free to contact:

James Hunter
Liberty Principal
734-416-2996
James.Hunter@pccsk12.com



Erin Ilg
Community Financial
ph 734-582-8744
fax 734-582-8745
eilg@cfcu.org

ESTABLISHED MEMBER OF THE CREDIT UNION COMPLETE AND RETURN THIS PART ONLY

I am a member of Community Financial. I will participate in the Liberty Student-Run Credit Union this year.

Name: _____ Date of Birth (mm/dd/yyyy): _____

Teacher: _____ Grade: _____ Parent signature: _____



Membership Application With Survivorship

500 S. Harvey, P.O. Box 8050
Plymouth, MI 48170-8050
(734) 453-1200 www.cfcu.org

OFFICE USE ONLY: LIBERTY

Account # _____
Date: _____
Initials: _____

To open a **NEW ACCOUNT** complete this form (existing members should complete the front). Please fill in all information on this form and sign at the bottom. You may mail this form to the above address, ATTN: Education Partnership Coordinator, fax to (734) 582-8745, email to eilg@cfcu.org or you may open your account by phone by calling (734) 453-1200.

Liberty Homeroom Teacher: _____ Grade: _____
Student Name: _____ Social Security #: _____
Address: _____ Date of Birth: _____
City/State/Zip: _____ Home Phone: _____

ONE parent/guardian MUST be on the account, both are welcome. Include social security numbers and signatures for all members on the account.

Parent/Guardian Name: _____ Social Security #: _____
Occupation: _____ Date of Birth: _____
Driver's License #: _____ State: _____ Home Phone: _____
Address (if different): _____ Mobile Phone: _____

Parent/Guardian Name: _____ Social Security #: _____
Occupation: _____ Date of Birth: _____
Driver's License #: _____ State: _____ Home Phone: _____
Address (if different): _____ Mobile Phone: _____

This is a joint account. Beneficiaries (Pay On Death) may be indicated below. The ownership type and beneficiary designation specified will remain the same for the entire account (excluding certificates and IRA accounts).

Beneficiaries: (Optional) If this is a Beneficiary (Pay on Death) Account, on the death of all owners the account will be payable on proper withdrawal demand of all beneficiaries who survive the owner or owners.

Name: _____ SS# _____ Date of Birth: _____
Name: _____ SS# _____ Date of Birth: _____

Under penalties of perjury, I/We certify that (1) the first taxpayer identification number shown on this form is correct (or I am waiting for a number to be issued to me) and (2) that the parties to the account are not subject to backup withholding because (a) they are exempt from backup withholding, or (b) they have not been notified by the Internal Revenue Service (IRS) that they are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified them that they are no longer subject to backup withholding, and (3) they are a U.S. person (including a U.S. resident Alien).

All dividends will be reported under the taxpayer identification number shown first on this application. By signing below, I/We make application for membership in Community Financial and agree to the bylaws and rules and regulations of Community Financial as they now exist or as they may be changed in the future.

SIGNATURES: The undersigned certify that the information provided on the application is true and correct and further agree to be bound by the terms and conditions contained therein.

Student Signature Date: _____

Parent/Guardian Signature Date: _____

Parent/Guardian Signature Date: _____