

## **MEMBERSHIP APPLICATION**

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

Employee Number: \_\_\_\_\_

\_\_\_\_\_

Date:

I request to be a member of the **Cooperativa de Ahorro y Crédito Rafael Carrión**, Jr. (the Cooperativa) subject to the provisions of the Incorporation Clauses and its Regulations.

			AP	PLICANT INFO	RMATION				
Name:	_			Date			e of Birth:		
	Surname		Name		Social Security:				
Address:									
	Home A	ddress							
Address:	Postal								
Cellular Pl				We	ork Phone:				
Personal Email:		Work Phone: Work Email:							
Delivery Code:		Cost Center: Unit/Company:							
Genre:	— F	D D M Oh	- ] How do y		eive your staten	nent?	□ E-mail	□ Print	
l hereby a Shares:			ativa to deduc _ <b>Savings:</b>		ayroll the follow	ing:			
-			2 □ Social Netv	-	oyee Orientatior	n 🗖 Banr	ner in Building	g 🗖 Coworker	
Referred B		e of the Me	ember who refe	erred you	Member Nu	-	member who	o referred you	
			AUTHOR	ZATION FOR D	DIRECT DEPOSIT				
credit as	a result of	my transa	ictions with the	e Cooperativo	<b>rrión, Jr.</b> to depo a. The credit ad f my transaction	lvice will			
Member/ Employee Signature		re	Account Number			Bank Name			
with a co	py of your	driver's lic	ense or passp ile on Who's W	ort and a cop /ho of Popular	afaelcarrionir.cc y of your social s or Evertec.	security c			
			FOR TH	E COOPERATI	VA USE ONLY				
Approx	oved	Decline	ed Decline	ed Reason:					
Employee	Signature	:				Date:			
			r <b>Seguro de Coope</b> re or guarantee you		<b>Rico insures your s</b>	shares and	deposits up to \$	250,000.00.	

