

# MEMBERSHIP APPLICATION

PLEASE CHECK ONE:  NEW ACCOUNT  ACCOUNT UPDATE \_\_\_\_\_  
(CURRENT DATE)

ELIGIBILITY FOR MEMBERSHIP: \_\_\_\_\_

## ACCOUNT TYPE

- SAVINGS  ADDITIONAL SAVINGS  MONEY MARKET  THIS IS AN UTMA ACCOUNT  
 CHECKING \_\_\_\_\_  SUPER SAVER (UNIFORM TRANSFER TO MINOR'S ACT)  
 ESCROW ACCOUNT \_\_\_\_\_  OTHER: \_\_\_\_\_

## PRIMARY APPLICANT INFORMATION

MEMBER NUMBER: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER/TIN: \_\_\_\_\_

ID TYPE: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ ID ISSUER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PASSWORD (FOR ADDED SECURITY CONCERNING PHONE TRANSACTIONS): \_\_\_\_\_

Due to Federal Patriot Act requirements, before opening an account we must obtain:

- A government-issued photo ID, including but not limited to a Driver's License, Non-Driver Photo ID.
- A Post Office Box may be used for mailing purposes, but a street address is required on the application. In cases where the ID does not indicate a street address, a legible copy of a recurring bill will be required for address verification.

## JOINT APPLICANT INFORMATION

FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER/TIN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ID TYPE: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ ID ISSUER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

## TO PROCESS, PLEASE READ AND SIGN TERMS AND CONDITIONS.

- I/We hereby acknowledge receipt of the Membership Disclosures, fee schedule, and Truth-in-Savings Rate Sheet and agree to their terms.
- My/Our signature(s) below constitute understanding of the rules governing the Visa Debit Card and its use as described in the Membership Disclosures.
- Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number and (2) I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding (3) I am a U.S. citizen or other U.S. person. For Federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
- I/We hereby authorize the Credit Union to investigate my credit history, employment and income, including obtaining consumer reports in connection with my application for membership and for any update, renewal or extension of credit I may apply for or receive from you. "I authorize you to report my credit experience with you to consumer reporting agencies or other firms seeking the information. If I request, in writing, the credit Union will tell me the name and address of any consumer reporting agency from which you received a consumer report on me."
- If an access card or EFT service is requested or provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement, which is outlined in the HFCU Membership Disclosures.

PRIMARY APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDITIONAL APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_