

NEW MEMBERSHIP APPLICATIONS INSTRUCTIONS

- 1. FILL OUT MEMBER/OWNER INFORMATION**
- 2. SIGN AND DATE**
- 3. FILL OUT JOINT OWNER INFORMATION ONLY IF YOU WANT SOMEONE ELSE ON THE ACCOUNT.**
- 4. FILL IN BENEFICIARY INFORMATION**
- 5. SEND A COPY OF YOUR DRIVERS LICENSE**
- 6. CHECK THE BOX THAT APPLIES TO THE TYPE OF ACCOUNT YOU WANT TO OPEN, SAVINGS, CHECKING**



TEAMSTERS LOCAL 30 FEDERAL CREDIT UNION

P.O. Box 126
255 South 8th Street
Jeannette, PA 15644-0126

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner: _____ Member No: _____

Designate the ownership of the accounts and responsibility for the services requested.

- Individual Joint Account with Survivorship Joint Account without Survivorship

Street: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. No: _____

Home Phone: _____ Listed Unlisted Date of Birth: _____

Work Phone: _____ Password: _____

E-mail: _____ Membership Eligibility: _____

Employer: _____

ACCOUNT OWNERSHIP

Joint Owner: _____ SSN/TIN: _____

Street: _____ Driver's Lic. No.: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: _____ Listed Unlisted Password: _____

Work Phone: _____ E-mail: _____

Joint Owner: _____ SSN/TIN: _____

Street: _____ Driver's Lic. No.: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: _____ Listed Unlisted Password: _____

Work Phone: _____ E-mail: _____

Joint Owner: _____ SSN/TIN: _____

Street: _____ Driver's Lic. No.: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: _____ Listed Unlisted Password: _____

Work Phone: _____ E-mail: _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account
Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
Street: _____ Street: _____
City/State/Zip: _____ City/State/Zip: _____

UTTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act)
Minor's SSN/TIN: _____

Agency Name of Agent: _____ (please print)
Signature _____ (date) _____

Other: _____ See Account Authorization Card

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts unless the credit union is notified in writing of a change.

Suffix* _____ Suffix* _____
 Share/Savings _____ Money Market _____
 Share Draft/Checking _____ Other _____
 Share Certificate _____ Other _____

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority):

ATM Card:

Debit Card:

PC Access/Internet Banking:

Other:

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number,

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

(3) I am a US. person (including a U.S. resident alien).

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

X	X
_____ Signature	_____ Signature
_____ Date	_____ Date

X	X
_____ Signature	_____ Signature
_____ Date	_____ Date

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership:

Opened/App'd by:

Member Verification:

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking