

# MEMBERSHIP APPLICATION ACCOUNT 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 listed below unless the credit union is notified in writing of a change.

Suffix	Suffix
<input type="checkbox"/> Share/Savings _____	<input type="checkbox"/> Money Market _____
<input type="checkbox"/> Share Draft/Checking _____	<input type="checkbox"/> Living Trust _____
<input type="checkbox"/> Share Certificate _____	<input type="checkbox"/> Other _____

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

## MEMBER APPLICATION FORM AND OWNERSHIP INFORMATION

Member/Owner _____	Member No. _____
Street _____	
City/State/Zip _____	SSN/TIN. _____
Home Phone (____) _____	Driver's License _____
Cell Phone (____) _____	Date of Birth _____
Work Phone (____) _____	Mother's Maiden Name _____
E-mail _____	Employment _____
Eligibility for Membership _____	

## 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 U.S. 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 Rutgers Federal Credit Union Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, 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.

I (we) also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my (our) credit standing.

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Notary Signature (if applying by mail)

**ACCOUNT OWNERSHIP**

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

Individual  Joint Account w/Survivorship

Joint Owner \_\_\_\_\_

SSN/TIN \_\_\_\_\_

Street \_\_\_\_\_

Driver's License No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Joint Owner \_\_\_\_\_

SSN/TIN \_\_\_\_\_

Street \_\_\_\_\_

Driver's License No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

**ACCOUNT DESIGNATIONS**

Payable on Death (POD) Trust Account  All Accounts  Designate Specific Account(s)

Beneficiary/POD Payee \_\_\_\_\_

Beneficiary/POD Payee \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Agency Print Name of Agent \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

All Accounts  Designate Specific Account(s)

UTIMA/UGMA (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act)

Minor's TIN/SSN \_\_\_\_\_

Other \_\_\_\_\_  See Account Authorization Card

**FOR CREDIT UNION USE ONLY**

See Account Change Card  See Insurance Beneficiary Card

Date of Membership \_\_\_\_\_ Opened/Approved By \_\_\_\_\_ Member Verification \_\_\_\_\_

Credit Report  Check Verify  PIN Request  
 Access Card  Audio Response  Home Banking



Rutgers Federal Credit Union

www.rutgersfcu.org