



# Application for Membership

NEW  UPDATE Reason: \_\_\_\_\_

LAST NAME			FIRST	MIDDLE	ACCT. # (CU Use Only)
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## SECTION A: Type of Account Desired (CHECK ALL THAT APPLY)

- This membership and the accounts under it will be:  Individual  Joint
- Share Savings Account (Required)  Share Draft Checking Account
- Visa Debit Card for:  Primary Applicant  Joint Applicant #1  Joint Applicant #2

## SECTION B: Primary Applicant

HOME ADDRESS (STREET)		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER ( )	DATE OF BIRTH ( )	E-MAIL ADDRESS
HOME PHONE	BUSINESS PHONE	
<b>(CU USE ONLY) MEMBERSHIP ELIGIBILITY:</b>		
<input type="checkbox"/>	<b>EMPLOYER (NAME)</b>	<b>OCCUPATION</b>
		<b>LENGTH OF EMPLOYMENT</b>
<input type="checkbox"/>	<b>FAMILY MEMBER (NAME)</b>	<b>RELATIONSHIP</b>
		<b>ACCT. #</b>

**BACKUP WITHHOLDING**  Check the box if you **ARE** subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code (see reverse).

Please help us determine if this will be the best account for you by answering the following questions:

TRUE FALSE

- I **WILL** use this account as my primary savings or checking account.  TRUE  FALSE  
If this account **WILL NOT** be your primary account what do you plan to use the account for? \_\_\_\_\_
- I plan to have direct deposit, allotment, or automatic deduction attached to this account. (Not required to maintain this account.)  TRUE  FALSE
- I **DO NOT** plan to allow others to make transactions on my behalf on this account.  TRUE  FALSE
- Traveling abroad **IS NOT** part of my regular job duties.  TRUE  FALSE
- I typically **DO NOT** conduct online purchases.  TRUE  FALSE

## SECTION C: Joint Applicant(s)

1		
LAST NAME	FIRST	MIDDLE
HOME ADDRESS (STREET)		
CITY	STATE	ZIP
( )	( )	
HOME PHONE	BUSINESS PHONE	OCCUPATION
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
2		
LAST NAME	FIRST	MIDDLE
HOME ADDRESS (STREET)		
CITY	STATE	ZIP
( )	( )	
HOME PHONE	BUSINESS PHONE	OCCUPATION
SOCIAL SECURITY NUMBER	DATE OF BIRTH	

## Joint Share Account Agreement

The HOWARD UNIVERSITY EMPLOYEES FEDERAL CREDIT UNION is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment.

Any or all of said joint owners may pledge all or any part of the shares in the Share Savings account as collateral security to a loan or loans.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said Credit Union which shall not affect transactions theretofore made.

### All Account Owners

By signing this Membership Application, you acknowledge and consent to the following identity confirmation program:

- We require an original unexpired government-issued picture identification and a taxpayer identification number.
- For non-U.S. persons we require one or more of the following:
  1. A taxpayer identification number.
  2. A passport number and country of issuance.
  3. An alien identification card number.
  4. A number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.
- If you are mailing this application, we may require you to submit a notarized copy of your picture identification.
- We may verify any information provided by you, e.g., credit or employment report.

- We may also ask you to provide additional information that we need to verify your identity and for other purposes related to your membership.
- Your signature on this application authorizes the Credit Union to keep a copy of any information you provide to establish your identity.

## Taxpayer Identification Number 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 (or I am waiting for a number to be issued), and*

*(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. 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).*

**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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION D: Your Signatures are Required

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 agreements 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 Fund Transfers Agreement and Disclosure. ***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**

PRIMARY MEMBER SIGNATURE

DATE

**X**

JOINT MEMBER SIGNATURE

DATE

**X**

JOINT MEMBER SIGNATURE

DATE

### CREDIT UNION USE ONLY

Completed by: \_\_\_\_\_ R Rate: \_\_\_\_\_ Teller # \_\_\_\_\_