



## Membership Application

### 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\* \_\_\_\_\_  
 Share/Savings \_\_\_\_\_  Share Certificate \_\_\_\_\_  
 Share Draft/Checking \_\_\_\_\_  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 \_\_\_\_\_  
 Listed  Unlisted Date of Birth \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_ Security Code \_\_\_\_\_  
 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 New York Metro 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 Services does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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

### ACCOUNT SERVICES

Payroll Deduction/Direct Deposit \_\_\_\_\_  
 Overdraft Protection (Indicate transfer priority below) \_\_\_\_\_  
 \_\_\_\_\_  
 ATM Card \_\_\_\_\_  
 Debit Card \_\_\_\_\_  
 \_\_\_\_\_  
 PAT/Personal Automated Teller \_\_\_\_\_  
 PC Access/Internet Banking \_\_\_\_\_  Other \_\_\_\_\_

### ACCOUNT OWNERSHIP

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

Individual  Joint Account w/Survivorship  Joint Account w/o Survivorship  
 Joint Owner \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
 Street \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Security Code \_\_\_\_\_  
 Listed  Unlisted E-mail \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_  
 Joint Owner \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
 Street \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Security Code \_\_\_\_\_  
 Listed  Unlisted 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 \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 All Accounts  Designate Specific Account(s) \_\_\_\_\_  
 UTTMA/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  PAT/Personal Automated Teller