

**CONSUMERS FEDERAL CREDIT UNION**

425 NEPTUNE AVENUE  
BROOKLYN, NY 11224  
718-266-2204

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**NEW MEMBER APPLICATION & INSTRUCTIONS**

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**\*\*INSTRUCTIONS\*\***

- 1) All information must be completed to avoid any delays. Place N/A if the information does not apply.
- 2) Submit a minimum \$50.00 deposit and any applicable membership fees that are required. (Please contact us)
- 3) Submit the application to the Main office, if mailed please provide a clear copy of any valid Government issued photo identification.
- 4) If your application is mailed, all signatures must be notarized.

**\*\*APPLICATION, PLEASE PRINT\*\***

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MALE OR FEMALE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT NO: \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EXT \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

MARRIED \_\_\_\_\_ SEPARATED \_\_\_\_\_ UNMARRIED \_\_\_\_\_

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

**BENEFICIARY DESIGNATION**

I(we), the account owner(s), hereby designate:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

as the beneficiary(s) and as such he/she is entitled to all balances in said account upon my death, or, if there is more than one owner, upon the death of all owners.

**JOINT ACCOUNT AGREEMENT NOT TRANSFERABLE**

Consumers Federal Credit Union is hereby authorized to recognize any of the signatures subscribed below 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 account(s), or hertofore or hereafter paid in on account(s) by any or all of said joint owners to the Credit Union 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. The joint owners also agree to the terms and conditions of the account as established by the Credit Union from time to time. Any or all of the joint owners may pledge all or part of the amount in this account as to collateral security to a loan or loans from the Credit Union. 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.

**CHECKING APPLICATION & AGREEMENT**

I/We hereby agree to the terms of this Checking Account Application and agreement and authorize the Credit Union to transfer any and all funds available in our account(s) to cover said checks and fees. Any member(s) signing this application thereby authorizes the Consumers Federal Credit Union ("Credit Union") to establish a Checking Account. The Credit Union is authorized to pay checks or any items presented, (i.e. Ach, electronic payments including home banking bill pay items, etc.) by any members who have signed this application and to charge all such payments against their account(s). It is further agreed that:

- a) Only checks (and other methods) approved by the Credit Union may be used to make withdrawals from this account.
- b) The Credit Union is under no obligation to pay a check that exceeds the fully paid, collected and available balance in this account(s). However, if any of the owners of this account writes a check that would exceed such balance and result in this account being overdrawn, the Credit Union is authorized to transfer any savings to this account in the amount of the resulting overdraw, plus deduct a service charge, from any other savings account from which any of the owners of this account have on deposit.
- c) The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the check.
- d) When paid, checks become the property of the Credit Union and will not be returned whether with periodic statement of this account

or otherwise.

- e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check.
- f) Any objection respecting any item shown on a periodic statement of this account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.
- g) This account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in its bylaws.
- h) This account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.
- i) If this agreement is signed by more than one person, the persons signing the Application shall be the joint owners of this account which, in that event, shall be subject to all the terms and conditions printed on this agreement.

**CERTIFICATION TO TAXPAYER ID NUMBER AND BACKUP WITHHOLDING**

Instruction to Signer(s): If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee under reporting and you have not received a notice from the IRS that backup withholding had terminated, you must strike out the language in clause 2 of the certification you sign below.

Under the penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has not notified me that I am no longer subject to backup withholding (3) that I am U.S. person (including a U.S. alien).

**SIGNATURE OWNER/DATE:** \_\_\_\_\_

**JOINT OWNER(S) (IF APPLICABLE)**

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SIGNATURE JOINT OWNER 1: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS(if different from owner): \_\_\_\_\_

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SIGNATURE JOINT OWNER 2: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS(if different from owner): \_\_\_\_\_

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SIGNATURE JOINT OWNER 3: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS(if different from owner): \_\_\_\_\_

**\*\*\*FOR CREDIT UNION USE ONLY\*\*\***

\_\_\_\_\_  
NOTARY PUBLIC OR CREDIT UNION REPRESENTATIVE

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Account Number: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

(Approved by)Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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