

CONSUMERS FEDERAL CREDIT UNION

425 NEPTUNE AVENUE BROOKLYN, NY 11224
 4177 MERRICK ROAD, MASSAPEQUA, NY 11758
 customerservice@consumersfcu.org
 (P): 718-266-2204 (F): 718-266-1976

Account Number: CREDIT UNION

Date:

Membership Eligibility: USE ONLY

Employee Initials:

NEW MEMBER APPLICATION & INSTRUCTIONS
 NEW
 UPDATE
****INSTRUCTIONS****

- 1) All information must be completed to avoid any delays. Place *N/A* if the information does not apply.
- 2) Submit at least \$55.00 deposit which includes the minimum dividend earning balance and one time membership fee of \$5.00
- 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***.

PRIMARY OWNER/MEMBER

First Name:		Last Name:	
Male or Female:	Date of Birth:	SSN:	
Address:		Apt No:	
City:	State:	Zip:	
Home Phone:	Work Phone:	Ext	Cell:
Employer:		Mother's Maiden Name:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried			
Email Address:			

JOINT OWNER # 1 (IF APPLICABLE) **

First Name:		Last Name:	
Date of Birth:	SSN:	-	-
Address:		Apt No:	
City:	State:	Zip:	
Home Phone:	Work Phone:	Ext	Cell:
Email Address:			

Joint Owner #1 Signature: _____ Date: _____

Notary Public or Credit Union Representative: _____

Affix Notary Stamp Here

JOINT OWNERS # 2 (IF APPLICABLE) **

First Name:		Last Name:	
Date of Birth:	SSN:	-	-
Address:		Apt No:	
City:	State:	Zip:	
Home Phone:	Work Phone:	Ext	Cell:
Email Address:			

Joint Owner #2 Signature: _____ Date: _____

Notary Public or Credit Union Representative: _____

Affix Notary Stamp Here

BENEFICIARY DESIGNATION

Unless this account is held and titled in the name of a trust, the following are designated as beneficiaries to the account balance, less any outstanding debts to the credit union, upon the death of the last owner of this account

NAME: _____ RELATIONSHIP: _____ SSN: _____ - _____ - _____ DOB: _____

NAME: _____ RELATIONSHIP: _____ SSN: _____ - _____ - _____ DOB: _____

I elect not to add a beneficiary to my account. Please initial here: _____

**JOINT ACCOUNT AGREEMENT NOT TRANSFERRABLE

Consumers Federal Credit Union ("Credit Union") is hereby authorized to recognize any of the signatures above in the payment of funds or the transaction of any business for this account. The joint owners that all sums in the account(s) throughout the life of the account, 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 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.

SHARE APPLICATION & AGREEMENT

The Owner (s) hereby agree to the terms of this Share Account Application and Agreement. Any member(s) signing this application authorizes the Credit Union to establish a Share Account. The Credit Union is authorized to pay checks or any items presented in any order it deems efficient. It is further agreed that:

- (a) This account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in its bylaws.
- (b) This account is also subject to such other terms, conditions and service charges as the Credit Union may establish from time to time.
- (c) 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.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that (1) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number, (2) I am not subject to back-up withholdings because: (a) I am exempt from backup withholdings, or (b) 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 (c) the IRS has not 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). INSTRUCTIONS: Cross out #2 above if the IRS has notified that you are subject to backup withholdings for failure to report all interest and dividends in your tax return.

AUTHORIZATION

I/We with my signature hereby agree to the Credit Union's By-Laws, and Rules and Regulations, and any amendments thereto. If an ATM/Debit card or EFT service is requested and provided, I/We agree to the terms and acknowledge receipt of the EFT Agreement. I/We authorize the Credit Union to use this authorization for other accounts I/We may request. I/We authorize the Credit Union to verify the information provided and to obtain consumer reports from consumer reporting agencies or others in connection with this account. I also agree to the terms and conditions of the Account Agreement and have received a copy of the credit union's Truth-in-Savings Agreement including Electronic Funds Transfers, Funds Availability Policy, Privacy Disclosure and Fee Schedule. I certify that the information I have provided is accurate to the best of my knowledge. **The Internal Revenue Service does not require your consent to any provision of this document other than the certification to avoid backup withholding**

Primary Member Signature: _____ **Date:** _____

Notary Public or Credit Union Representative: _____

Affix Notary Stamp Here