

ACCOUNT #

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 Port Washington, NY 10050
 718-878-4624 Phone
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info@cu804.org
www.cu804.org

MEMBERSHIP APPLICATION

ACCOUNT TYPE

Share/ Savings _____	Vacation Club _____
Share Draft/Checking _____	Holiday Club _____
	Strike Fund _____
w/ VISA debit card _____	Share Certificate/ CD _____

ALL OF THE TERMS, CONDITIONS, FORM OF ACCOUNT OWNERSHIP, ACCOUNT SELECTION AND OTHER INFORMATION INDICATED ON THIS FORM APPLY TO ALL OF THE ACCOUNTS LISTED UNLESS THE CREDIT UNION IS NOTIFIED IN WRITING OF A CHANGE.

*The account number for each of the accounts listed includes the suffix added to the end of the Member Number listed in ACCOUNT# above.

PRIMARY MEMBER INFORMATION

Member/Primary Account Owner _____ SSN/TIN _____
 Street _____ Apt# _____ Driver Lic# _____
 City/State/Zip _____ DOB _____
 Home Phone _____ Mother's Maiden Name _____
 Cell Phone _____ Email Address _____
 Employer _____ Work Address _____
 Eligibility for Membership: Union Member Relative of Member (Relationship) _____ Other _____

JOINT MEMBER INFORMATION

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

Member/Joint Account Owner _____ SSN/TIN _____
 Street _____ Apt# _____ Driver Lic# _____
 City/State/Zip _____ DOB _____
 Home Phone _____ Mother's Maiden Name _____
 Cell Phone _____ Email Address _____

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 (or I am waiting for a number to be issued) 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 and 3. I am a us person (including a US 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 US person.

AUTHORIZATION

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 ET 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 _____ Date: _____ X _____ Date: _____

Signature-Owner

Signature – Joint Owner

ELECTRONIC STATEMENT AGREEMENT

By signing below, I hereby request Local 804 Federal Credit Union to deliver my Local 804 Federal Credit Union account statements to me electronically instead of in the mail. I understand that this is a free and secure service. I understand that my account statements will be available to me on my Local 804 Federal Credit Union online banking account and that I will receive email notifications when a new statement is ready to be retrieved. Additionally, it is my responsibility to notify Local 804 FCU of any changes to my email address.

X _____
Member Signature Date

STANDARD OVERDRAFT PROTECTION

Local 804 offers standard overdraft practice with your account. To prevent overdrafts, you may authorize Local 804 FCU to link your savings and checking accounts. If your checking account runs out of funds, it will automatically withdraw available funds from your savings account to cover your transaction. Standard overdraft covers the following type of transactions:

- Automatic bill payment
- Automatic Clearing House (ACH) transactions
- Checks
- ATM Withdrawals
- Debit card transactions

Each time Local 804 FCU pays an overdraft there will be a **fee of \$25.00**. Local 804 FCU will only charge your account for five (5) items per business day. There is a grace period of 14 days given to correct your negative balance. After the 14 day grace period, there will be a fee of \$2.00 per day. Your negative balance will be automatically covered when a deposit is made to your checking account.

YES I would like to add the standard overdraft protection to my Local 804 FCU checking account. I understand that there is a fee of \$25.00 when the overdraft is used

NO I do not want to sign up for standard overdraft protection. I understand if I do not have sufficient funds in my account at the time a transaction is presented, it will not be paid

X _____
Member Signature Date

ACCOUNT DESIGNATIONS/BENEFICIARY

1 Beneficiary/POD Payee Name: _____ Phone: _____ SSN _____
Address _____
City/State/Zip _____ Email: _____

1 Beneficiary/POD Payee Name: _____ Phone: _____ SSN _____
Address _____
City/State/Zip _____ Email: _____

1 Beneficiary/POD Payee Name: _____ Phone: _____ SSN _____
Address _____
City/State/Zip _____ Email: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help government fight the funding terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you:

When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you.

PLEASE ENCLOSE/SEND COPIES OF:

1. DRIVER'S LICENSE OR STATE PHOTO ID
2. COPY OF PROOF OF ADDRESS
3. A \$5.00 MINIMUM INITIAL DEPOSIT (minimum balance) WHICH REMAINS ON HOLD IN THE ACCOUNT TO KEEP IT OPEN.