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ACCOUNT #

## MEMBERSHIP APPLICATION

### Account Types

Share/Savings

Share Draft/Checking w/ Debit Card  
High Yield Savings

Vacation Club

Share Certificate/CD  
Christmas Club

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.

### 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 WITHOLDING 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

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### **Overdraft Privilege w/ Courtesy Pay**

Local 804 offers an Overdraft Privilege w/ Courtesy Pay Program option with your share draft 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. If you don't have any funds available, you may authorize Local 804 FCU to overdraw your account.

Overdraft Privilege w/ Courtesy Pay covers the following type of transactions:

- Automatic bill payment
- ACH transactions
- Checks
- ATM Withdrawals
- Debit card transactions

For ATM and Debt Card transactions ONLY, *when funds are available in your savings*, we will charge a **\$1** Overdraft Transfer Fee per item.

For all other transactions there will be an Overdraft Privilege 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 a negative balance. After the 14-day grace period, there will be a Negative Balance Fee of \$2.00 per day. Your negative balance will be automatically covered when a deposit is made to your account. We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, the item will be returned, or the transaction will be declined.

**YES, I would like to add the Overdraft Privilege w/ Courtesy Pay to my Local 804 FCU checking account. I understand that there is a fee up to \$25.00 when the overdraft is used.**

**NO, I do not want to sign up for Overdraft Privilege w/ Courtesy Pay. I understand if I do not have sufficient funds in my account at the time a transaction is presented, it may not be paid.**

X \_\_\_\_\_  
Member Signature Date

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## ACCOUNT DESIGNATIONS/BENEFICIARY

Beneficiary/POD Payee Name: \_\_\_\_\_ Phone: \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Email: \_\_\_\_\_

Beneficiary/POD Payee Name: \_\_\_\_\_ Phone: \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Email: \_\_\_\_\_

Beneficiary/POD Payee Name: \_\_\_\_\_ Phone: \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Email: \_\_\_\_\_

## **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of 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 (ex. Bill, bank statement, paystub, etc.)
3. A \$5.00 MINIMUM INITIAL DEPOSIT (minimum balance)  
WHICH REMAINS ON HOLD IN THE ACCOUNT TO KEEP IT OPEN.