

Membership Application & New Account Signature Form



Membership Eligibility

Eligibility: (Check One) Live: _____ (City / Zip) Work: _____ (Business Name) Worship: _____ (Place)
 Attend School: _____ (Name) on the Virginia Peninsula or other qualifying areas / have Family who is a member _____ (member name).

Primary Member Information

Account Number _____ Teller ID _____

Primary Member's Name (First / Middle / Last)			
Street Address		Mailing Address if different	SSN / Tax ID (for tax reporting purposes)
City, State, Zip		Length at current address:	
Daytime Phone	Evening Phone	Mother's Maiden Name	Date of Birth
Email Address		Occupation	

Joint Member Information

Joint Member's Name (First / Middle / Last)			
Street Address		Mailing Address if different	SSN / Tax ID (for tax reporting purposes)
City, State, Zip		Length at current address:	
Daytime Phone	Evening Phone	Mother's Maiden Name	Date of Birth
Email Address		Occupation	

Account Ownership

<input type="checkbox"/> Joint with Survivorship. No signature is required for Joint With Survivorship.	<input type="checkbox"/> Joint Without Survivorship Members on account must sign if requesting Joint Without Survivorship.	Primary Signature _____
		Joint Signature _____

REQUIRED

Office Use Only: Teller # _____ Initial _____ Branch _____ Date Received _____

Designation of Account	PRIMARY Member OFAC	Check if completed <input type="checkbox"/>	JOINT Member OFAC	Check if completed <input type="checkbox"/>
Payable on Death (POD)	Photo ID Type: _____ K		Photo ID Type: _____ K	
Payee Name	ID #		ID #	
Street Address	City, State, Zip	Issue Date:	Exp Date:	Issue Date: Exp Date:

READ THIS IMPORTANT INFORMATION BEFORE SIGNING

By signing below, you certify everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. I/we agree to the terms and conditions of the Membership and Account Agreement, including VISA Debit Card, ATM Card Terms and Conditions, Electronic Device/Internet Transactions, Electronic Funds Transfer Agreement, if applicable, and to any amendments the Credit Union makes from time to time which incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Account Disclosure applicable to the accounts and services requested herein. I understand that the Credit Union may report information about my account to the credit bureaus. Late payments, missed payments, or other defaults of my account may be reflected in my credit report. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. This information is current as of June 2008.

MEMBER IDENTIFICATION FORM: I own an individual or joint account at 1st Advantage Federal Credit Union. To better verify the ownership of this account(s), I authorize 1st Advantage Federal Credit Union to retain and utilize a sample of my signature as shown below. These items may be stored electronically by the credit union and should only be used by the credit union to verify identification of persons asking to perform transactions using the account(s).

TAX CERTIFICATION: under penalties of perjury, by signing below, I certify that: (1) the Social Security or Tax Identification Number listed under the Member Name section, 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 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; (3) I am a U.S. person (including a U.S. resident alien); and (4) all information provided is correct. Instruction to Signer: 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 above and complete a W-8BEN if you are not a U.S. person. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

MEMBER IDENTIFICATION PROGRAM (MIP) AUTHORIZATION: USA Patriot Act of 2001, Section 326, requires 1st Advantage Federal Credit Union to verify the information that you give us to open your account. By signing below, you are giving us authorization to verify the required information under the USA Patriot Act.

I/we understand that a consumer credit report from Equifax Credit Information Services will be obtained, before accepting application for membership, for verification purposes. (Equifax Credit Information Service, PO Box 740241, Atlanta, GA 30374-0241, 800.685.5099).

X _____ X _____
 Primary Member's Signature Date Joint Member's Signature Date