

## Membership Account Card



### NORTHERN CHAUTAUQUA FEDERAL CREDIT UNION

232 CENTRAL AVENUE • P. O. BOX 221 • SILVER CREEK, NEW YORK 14136  
 PHONE (716) 934-3111 • FAX (716) 934-3685 • EMAIL: ncfcu@verizon.net

#### TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN) Taxpayer identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subjected to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I Am Subject To Withholding  I am a United States citizen or resident

Exempt

#### MEMBER APPLICATION AND OWNERSHIP INFORMATION

**\*\*A License or Picture ID must accompany all Membership Accounts\*\***

#### MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Social Sec # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Driver's Lic No. \_\_\_\_\_

Email address \_\_\_\_\_

Phone(H) (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone(W) (\_\_\_\_) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Employment \_\_\_\_\_

Eligibility for Membership \_\_\_\_\_

#### AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, 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 Amendment and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of the acknowledge receipt of Electronic Funds Transfer Agreement. 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 Date Signature Date

#### ACCOUNT SERVICES

Savings \_\_\_\_\_ IRAs \_\_\_\_\_  
 Payroll Deduction \_\_\_\_\_ Summer Accounts \_\_\_\_\_  
 Christmas Clubs \_\_\_\_\_  
 CDs \_\_\_\_\_

#### ACCOUNT OWNERSHIP

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

Single Party  Multiple Party with Survivorship  Multiple Party without Survivorship

Joint Owner \_\_\_\_\_ Social Sec # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Driver's Lic No. \_\_\_\_\_

Email address \_\_\_\_\_

Phone(H) (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone(W) (\_\_\_\_) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

#### ACCOUNT DESIGNATIONS

Payable On Death (POD) Trust Account  All Accounts  Designated Specific Account(s)

Beneficiary \_\_\_\_\_ Beneficiary \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

UTTMA/UGMA (as custodian for \_\_\_\_\_ (minor) under the

Uniform Transfers/Gifts to Minors Act) Minor TIN/SSN \_\_\_\_\_

Agency Name of Agent \_\_\_\_\_

All Accounts  Designate specific account(s) \_\_\_\_\_

#### FOR CREDIT UNION USE ONLY

OFAC COMPLETE

DRIVER'S LICENSE ATTACHED