

# New Member Application

Your financial health. Our mission.

## 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 all 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. We may ask to see your driver's license or other identifying documents.

Employer/Employee ID # \_\_\_\_\_ Account # \_\_\_\_\_

### Membership Eligibility:

- Savings     Checking     Full Direct Deposit     Payroll Deduction  
 CD     IRA     Holiday Club     Vacation Club

- Individual     Minor    **POD Trust**  
 Joint w/ Survivorship     Business     Yes     No  
**Order Checks Now?**     Yes     No  
**Phone # on Checks?**     Yes     No

Member/Owner: Last Name		M.I.	First Name	
Address			Apt. #	<input type="checkbox"/> Own <input type="checkbox"/> Rent
City	State	Zip	Birth Date	
<input type="checkbox"/> Single <input type="checkbox"/> Married	Mother's Maiden Name		Social Security #/TIN	
Home Phone	Occupation		Department	
Work Phone				
Driver's License #	State	Email		

Member/Owner: Last Name		M.I.	First Name	
Address			Apt. #	<input type="checkbox"/> Own <input type="checkbox"/> Rent
City	State	Zip	Birth Date	
<input type="checkbox"/> Single <input type="checkbox"/> Married	Mother's Maiden Name		Social Security #/TIN	
Home Phone	Occupation		Department	
Work Phone				
Driver's License #	State	Email		

## Beneficiaries

<input type="checkbox"/> <b>Account #</b>	<input type="checkbox"/> <b>All Accounts</b>	Birth Date	
Last Name	M.I.	First Name	Social Security #/TIN
Address		Apt. #	Home Phone
City	State	Zip	Work Phone

<input type="checkbox"/> <b>Account #</b>	<input type="checkbox"/> <b>All Accounts</b>	Birth Date	
Last Name	M.I.	First Name	Social Security #/TIN
Address		Apt. #	Home Phone
City	State	Zip	Work Phone

Additional Beneficiaries    Please use back of Account Change form.

## TIN Certificate and Backup Withholding

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number,
- I am not subject to backup withholding because:
  - I am exempt from backup withholding as a result of a failure to report all interest or dividends, or
  - the IRS has notified me that I am no longer subject to backup withholding and
- I am a US citizen (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 failed to report all interest and dividends on your tax return. Cross out Item 3 and complete a W-8 CEN if you are not a US citizen.

### 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 of ProMedica Federal Credit Union, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the 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. I/We agree to any means needed to check my membership eligibility qualifications for membership. A consumer credit report may be requested in connection to this application and with any renewals, updates, or extension on new credit or additional services as a result of this application.

Primary Applicant Signature

Date

Co-Applicant Signature

Date

CREDIT UNION USE ONLY	Date Opened	CHEXSYSTEMS	<input type="checkbox"/> Red Flags	Copy of Driver's License
	Account Opened By		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	