FOR CREDIT UNION USE ONLY Source of funds for initial deposit: Check Cash EFT Amount \$ Check Hold: No Yes _ Chexsystems/NCPS: OK _____ ☐ Failed INFORMATION VERIFICATION: NETFCU EMPLOYEE NAME AND DATE ☐ I certify that I checked the identification for each applicant listed on this application. Initials MSR Name **Date Signed** \square I certify that I verified membership eligibility for each applicant listed on this application. Date Signed Initials MSR Name \square I certify that I have checked all government issued lists of terrorists or terrorist organizations required by law (i.e. OFAC list) and that \square I did / \square I did not find any matches with the name(s) listed on this application. Date Signed Initials MSR Name



MAIN OFFICE 1 Wall St., Suite 402, Burlington, MA 01803

CHARLESTOWN BRANCH 548 Main Street, Boston, MA 02129

Phone: (781) 641-6700 or (800) 343-7126



www.netfcu.org







MEMBERSHIP APPLICATION FORM

Membership/Account #				
Applicant(s) Name (please PRINT clearly)				
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 us 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 your name, address, date of birth and other information that will help us to identity you. We will ask to see your driver's license or other identifying documents.				
MEMBERSHIP ELIGIBILITY (CHECK ONE)				
☐ I am a current member or retiree of:				
Teamster Local # City/Stat	е			
Employer City/State	e Work phone #			
☐ I am a family member of:				
NETFCU Member Name	Membership/Account #			
Other: (please explain)				
TYPE OF ACCOUNT(S) REQUESTED				
☐ Single Account ☐ Joint Account with Right of Survivorship				
DEPOSIT ACCOUNTS & OPTIONS:				
✓ Savings Account	☐ Free Checking			
☐ Minor Savings	☐ VISA Debit Card (Checking required)			
☐ Club Account	Bill Pay (Checking required, fee applies)			
☐ Money Market Account	☐ Business Checking ☐ ID Safe (Fee applies)			
☐ Certificate of Deposit☐ Virtual Branch and Mobile Banking	Courtesy Pay Program (Fee applies)			
U VIRTUAL BRATICH AND INIODILE BANKING	Courtoo) Laj Frogram (oo appiioo)			



*		
Primary Owner Name (please pri	nt above)	Membership/Account #
Street Address		
City		State, ZIP
Cell Phone Number	Home Phone Number	Mother's Maiden Name
Email Address		Social Security Number
Date of Birth	Place of Birth	
Employer Name		
Type of ID given: □ Driver's Lice	nse (or State-Issued ID)	U.S. Armed Forces ID
D Number	State/Country of Issue	
Date of Issue	Expiration Date	
Joint Owner Name (please print a	bove)	Membership/Account #
Street Address		
City		State, ZIP
Cell Phone Number	Home Phone Number	Mother's Maiden Name
Email Address		Social Security Number
Date of Birth	Place of Birth	
Employer Name		
Type of ID given: □ Driver's Licer	nse (or State-Issued ID) Passport	U.S. Armed Forces ID
D Number	State/Cou	ntry of Issue
Date of Issue	Expiration	Date
or hereafter may be altered or ame orize this Credit Union to obtain con applying for a debit card, I (we) her	nded. I/We acknowledge receipt of Funds sumer reports from consumer reporting a eby acknowledge and agree to the ATM/D	New England Teamsters Federal Credit Union as they n Availability Notice and Truth-in-Savings Notice. I/We here gencies or others in connection with this account. If I (we) a ebit Card Holder provisions in All About Your Deposit Acco n Visa Check/Debit Card(s) be issued on my (our) account
Primary Owner Signature		Date Signed
		Date digited
(

TRUSTEE IN TRUST / CUSTODIAN UNDER THE MA UTMA* FO	OR:
Only 1 Beneficiary allowed	*Uniform Transfers to Minors Act
Name of Beneficiary/Ward	
Name of Bottonolary Ward	
Social Security Number of Beneficiary/Ward	
Mailing Address of Beneficiary/Ward	
City	State, ZIP
☐ If this account is a trust account, I/we hold the funds therein named beneficiary(ies). I/We shall have full control over the ac but on death or the death of the survivor of us, the funds may be her legal representative.	count during my/our lifetime(s)
☐ If this account is a custodian account, I/We hold the funds the Ward described above. Upon my death, or the death of the account may be paid to any successor custodian or if the Ward h	survivor of us, the funds in the
Note: Each depositor: trustee or custodian must complete the in sign where indicated.	formation on this application and
CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER (TII	N)
Under penalties of perjury, I certify that:	
 The number shown on this form is my correct taxpayer identi for a number to be issued to me), and 	ification number (or I am waiting
 I am not subject to backup withholding because: (a) I am exer (b) I have not been notified by the Internal Revenue Service (withholding as a result of a failure to report all interest or divic me I am no longer subject to backup withholding, and 	IRS) that I am subject to backup
3. I am a U.S. person (including a U.S. resident alien).	
Certification Instructions: You must cross out item #2 (on above IRS that you are currently subject to backup withholding because you and dividends on your tax return. For real estate transactions, item interest paid, acquisition or abandonment of secured property, cancindividual retirement arrangement (IRA), and generally, payments you are not required to sign the Certification, but you must provide your NOT a U.S. citizen or resident alien — please use Form W-8.)	you have failed to report all interest in #2 does not apply. For mortgage cellation of debt, contributions to an other than interest and dividends,
X	
Signature	9
Social Security Number or Employer ID Number (EIN)	Date Signed