

FOR CREDIT UNION USE ONLY

Source of funds for initial deposit: Check Cash EFT Amount \$ _____

Check Hold: No Yes _____ days

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.

MSR Name _____ Date Signed _____ Initials _____

I certify that I verified membership eligibility for each applicant listed on this application.

MSR Name _____ Date Signed _____ Initials _____

I certify that I have checked all government issued lists of terrorists or terrorist organizations required by law (i.e. OFAC list) and that I did / I did not find any matches with the name(s) listed on this application.

MSR Name _____ Date Signed _____ Initials _____



MAIN OFFICE

23 Broadway, Arlington, MA 02474-5539
MON - WED 8:00 am to 3:00 pm • THU - FRI 8:00 am to 5:00 pm
SAT 8:00 am to 12:00 pm

WORCESTER BRANCH

330 Southwest Cutoff, Suite 101, Worcester, MA 01604-2730
MON - FRI 8:00 am to 4:30 pm

Phone: (781) 641-6700 or (800) 343-7126
Fax: (781) 641- 6701

Federally Insured
by NCUA

www.netfcu.org



**MEMBERSHIP
APPLICATION FORM**



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 identify 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/Town _____

Employer _____

I am a **family member** of:

NETFCU Member Name _____ Member/Account Number _____

Other: *(please explain)*

TYPE OF ACCOUNT(S) REQUESTED

Single Account **Joint Account** with Right of Survivorship

DEPOSIT ACCOUNTS & OPTIONS:

- Savings Account
- Minor Savings
- Club Account
- Certificate Of Deposit
- VISA Debit Card (Checking required)
- Virtual Branch and Mobile Banking
- Value Checking
- Teamster Checking
- Money Market Account
- ID Safe (fees may apply)
- Courtesy Pay Program
- GreenPath Credit Counseling



Primary Owner Name (please print above) _____ Member/Account Number _____

Street Address _____

City _____ State, ZIP _____

Home Phone Number _____ Work 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 License (or State-Issued ID) Passport U.S. Armed Forces ID Permanent Resident Alien Card

ID Number _____ State/Country of Issue _____

Date of Issue _____ Expiration Date _____



Joint Owner Name (please print above) _____ Member/Account Number _____

Street Address _____

City _____ State, ZIP _____

Home Phone Number _____ Work 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 License (or State-Issued ID) Passport U.S. Armed Forces ID Permanent Resident Alien Card

ID Number _____ State/Country of Issue _____

Date of Issue _____ Expiration Date _____

Depositor(s) hereby agree(s) to the rules and regulations governing accounts with **New England Teamsters Federal Credit Union** as they now are or hereafter may be altered or amended. I/We acknowledge receipt of Funds Availability Notice and Truth-In-Savings Notice. I/We hereby authorize this Credit Union to obtain consumer reports from consumer reporting agencies or others in connection with this account. If I (we) am (are) applying for a debit card, I (we) hereby acknowledge and agree to the ATM/Debit Card Holder provisions in All About Your Deposit Account and Fee Schedule and request that a New England Teamsters Federal Credit Union Visa Check/Debit Card(s) be issued on my (our) account.

X _____
Primary Owner Signature _____ Date Signed _____

X _____
Joint Owner Signature _____ Date Signed _____

TRUSTEE IN TRUST / CUSTODIAN UNDER THE MA UTMA* FOR:

**Uniform Transfers to Minors Act*

Name of Beneficiary/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 for the benefit of the above named beneficiary(ies). I/We shall have full control over the account during my/our lifetime(s) but on death or the death of the survivor of us, the funds may be paid to the beneficiary or his/her legal representative.
- If this account is a custodian account**, I/We hold the funds in this account for the benefit of the Ward described above. Upon my death, or the death of the survivor of us, the funds in the account may be paid to any successor custodian or if the Ward has obtained age 21, to the Ward.

Note: Each depositor: trustee or custodian must complete the information on this application and sign where indicated.

CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER (TIN)

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 to me), and
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 I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item #2 (on 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. For real estate transactions, item #2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. **(Do not sign if you are NOT a U.S. citizen or resident alien — please use Form W-8.)**

X _____
Signature _____

Social Security Number or Employer ID Number (EIN) _____ Date Signed _____