

Norwich Telops Federal Credit Union Membership Application

Please print this form, fill it out and fax to **607-336-4999**

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____ Member No. _____

Street _____ SSN/TIN _____

City/State/Zip _____ Driver's Lic. No. _____

Home Phone () _____ Date of Birth _____
 ___ Listed ___ Unlisted

Employment _____ Password _____

Work Phone () _____ E-mail _____

Eligibility for Membership _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) The number shown on this form 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 Internal revenue Service (IRS) that I am subject to backup withholdings 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, and
- (3) I am a U.S. person (including a U.S. 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 have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, 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 Agreement 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 and 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 withholdings.**

X _____
Signature Date

X _____
Signature Date

ACCOUNT OWNERSHIP

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

Individual **Joint Account with Survivorship** **Joint Account without Survivorship**

Joint Owner _____ **SSN/TIN** _____

Street _____ **Driver's Lic. No** _____

City/State/Zip _____ **Date of Birth** _____

Home Phone () _____ **Password** _____

Work Phone () _____ **E-mail** _____

ACCOUNT DESIGNATIONS

Payable on Death

Beneficiary _____ **Beneficiary** _____

Street _____ **Street** _____

City/State/Zip _____ **City/State/Zip** _____

For Credit Union Use Only

Secretary, Board of Directors **Date**

