



NIH

Federal Credit Union

P.O. Box 6475

Rockville, MD 20849-6475

MEMBER APPLICATION & AGREEMENT (ACCOUNT CARD)

1. MEMBER APPLICATION AND OWNERSHIP INFORMATION

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

Individual Joint Account with Survivorship Trust

Member Number

Member/Owner Name _____ SSN/TIN _____
 Street _____ Driver's Lic. No. _____
 City _____ Date of Birth _____
 State/Zip _____ Email _____
 Home Phone (____) _____ Membership Eligibility _____
 Work Phone (____) _____ Sponsor Code _____
 Employer _____

2. JOINT OWNER OR MINOR'S INFORMATION

Joint Owner _____ SSN/TIN _____
 Street _____ Driver's Lic. No. _____
 City/State/Zip _____ Date of Birth _____
 Home Phone (____) _____ Email _____
 Work Phone (____) _____

Joint Owner _____ SSN/TIN _____
 Street _____ Driver's Lic. No. _____
 City/State/Zip _____ Date of Birth _____
 Home Phone (____) _____ Email _____
 Work Phone (____) _____

3. ADDITIONAL ACCOUNT INFORMATION

Payable on Death (POD) Account

POD payee _____ POD payee _____
 Street _____ Street _____
 City/State/Zip _____ City/State/Zip _____

UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act)

Minor's TIN/SSN _____

Convenience Account Print Name of Convenience Person _____

Signature _____ (date) _____

All Accounts Designate specific account(s) _____

Personal Custodian Account (as custodian for _____)

Other _____ See Account Authorization Card

4. ACCOUNT TYPE

All of the terms, conditions, form of account, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Suffix #*	Suffix #*
<input type="checkbox"/> Savings/Share: _____ (\$25 balance required for membership)	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____ <input type="checkbox"/> Basic <input type="checkbox"/> Plus <input type="checkbox"/> Premier	<input type="checkbox"/> Holiday Account: _____
<input type="checkbox"/> Share Certificate: _____	<input type="checkbox"/> Other: _____

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number on front. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

5. ACCOUNT SERVICES

CheckLink VISA Check Card: _____
 ATM Card: _____
 CU@Home Online Banking + Access 24 Telephone Banking: _____
 Other: _____
 Payroll Deduction/Direct Deposit may be available through your employer. Please contact an NIH FCU associate for more details.

6. TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that (please check all boxes that apply):

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued),

(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 had 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. If you are not a U.S. person and you do not have a Tax Payer Identification Number, please complete a W-8 BEN form. If you are a U.S. person and you do not have a Tax Payer Identification Number, please complete a W-9.

7. SIGNATURES AND AUTHORIZATIONS

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 amendments 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 withholding.**

(1) X SIGNATURE _____ DATE _____	(3) X SIGNATURE _____ DATE _____
(2) X SIGNATURE _____ DATE _____	(4) X SIGNATURE _____ DATE _____

AGENTS – The individual signing above on line _____ is signing as: Power of Attorney (agreement on file) A Successor Trustee of a UTMA Account
 Parent / Guardian

FOR CREDIT UNION USE ONLY

Credit Report Check Verification PIN Request Trust Agreement CU@Home Online Banking/Access 24

Member Identification:

ID Number 1 Type: _____ Place of Issue: _____ Number: _____ Expiration Date: _____	ID Number 2 Type: _____ Place of Issue: _____ Number: _____ Expiration Date: _____	ChexSystems Report: Year SSN issued _____ State SSN issued _____ No Record <input type="checkbox"/> Record <input type="checkbox"/>
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Type of ID Verification _____ Type of ID Verification _____
 Account Opened By: _____ Associate Print Name: _____ Date Opened: _____