



Consumer Checking Account Application

By completing, signing and submitting this application to the NIH Federal Credit Union (NIHFCU) with a \$20 minimum opening deposit, you apply for the checking account and related services indicated. NIHFCU can review checking and credit histories with consumer reporting agencies. You certify that the account will be used for personal, family or household purposes. The Checking Account will be subject to applicable law, NIHFCU bylaws, and applicable disclosures and agreements governing NIHFCU checking accounts, and will have the same payable on death beneficiaries as the member's regular share savings account unless otherwise indicated. No transactions will be allowed until NIHFCU has reviewed or received a legible copy of any joint owner's government-issued ID.

Member Name: _____ SSN/Taxpayer ID No.: _____ Current Address: _____ _____ Day Phone #: _____ Mobile Phone #: _____ Current Employer: _____	Member Account Number: _____ Date of Birth: _____ _____ Evening Phone #: _____ Email Address: _____ Current Occupation: _____
Leave this section blank if only one owner is desired	
Joint Owner Name: _____ Current Address: _____ _____ Day Phone #: _____ Mobile Phone #: _____ Current Employer: _____ ID Number: _____ Issue State: _____	SSN/Taxpayer ID No. _____ _____ Date of Birth: _____ Evening Phone #: _____ Email Address: _____ Current Occupation: _____ Issue Date: _____ Expiration Date: _____ Other: _____
Checking Account Type (please check one)	
<input type="checkbox"/> Money Manager Plus * <input type="checkbox"/> Money Manager * <input type="checkbox"/> Basic	
Applicant requests all electronic services available except those checked below:	
<input type="checkbox"/> I do not want to enroll in Access 24 (automated telephone banking) <input type="checkbox"/> I do not want to enroll in Online Banking * <input type="checkbox"/> I do not want a Visa ® Checklink card to access my checking Account For your convenience and to help conserve environmental resources, your account will be automatically set-up to receive eStatements that can be accessed anytime through Online Banking. You will be reminded by email to complete the online enrollment process. <input type="checkbox"/> No thank you. I prefer to receive paper statements in the mail * *Online Banking and eStatements are required on the Money Manager and Money Manager Plus account.	
Initial Account Funding Source Election	
<input type="checkbox"/> I have enclosed a check for \$ _____ (made payable to NIHFCU) <input type="checkbox"/> Please transfer a total of \$ _____ from my regular savings account to open my checking account	
Signatures	
_____ Member Signature	_____ Date
_____ Joint Owner Signature	_____ Date

Submit application with required documents, check (or other funding instructions) at any NIHFCU branch or by mail to:

NIH Federal Credit Union
 (Attention - Member Support Center)
 P.O. Box 475
 Rockville, MD 20849-6475