

# Membership Application

Account Number: [REDACTED]

## Primary Member/Signer

Last Name First Name MI

Home Address (No PO Box) — Required

City State Zip Code  
Florence SC 29501

Mailing Address (if different from above)

City State Zip Code  
Pickens, MS 39146

Current Employer  
Dept. of Crim.

Email Address

## Joint Account Holder

Last Name First Name MI

Current Employer Work Phone

Social Security # Date of Birth

First ID Type Second ID Type

## Designation of Beneficiary

(Does Not Preclude The Joint Account Holder's Right of Survivorship)  
In the event of my death, or the mutual death of the joint account holder(s) of this account, I/we authorize USA Federal Credit Union to pay the balance of this/these accounts to:

Name of Beneficiary-Last First MI

Social Security # Date of Birth

Address

City Navy Federal Credit Union Zip Code

## Checking - Choose One

- Bronze
- Silver
- Gold
- EZ-Access
- Five-Star

## Investment Products

- Money Market
- Share Certificate - Term \_\_\_\_\_
- IRA Share Certificate - Term \_\_\_\_\_

## Other Services

- Debit Card
- Receive eStatements\* and avoid fees  
\*Must have internet access

## Loans

Please contact me regarding a USA Federal:

- Auto Loan  Home Loan  Signature Loan
- Personal Line of Credit  Credit Card
- Other \_\_\_\_\_

## Member Identification Requirements

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account or creates a new member relationship with our credit union.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

*Name Change*

## Certification of Taxpayer Identification Number (W-9)

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

## Certification Instructions

You must cross out Item 2 (above) if you have been notified by the IRS you are currently subject to backup withholding.

## Account Agreement

I/We have received a copy of the All About Your Credit Union Accounts and Schedule of Fees and agree with the terms and conditions for the use of these services. All membership applications are subject to verification of information provided and eligibility prior to granting membership. We may verify your application for an account through an account verification service and reserve the right to deny any application based on the results of negative information received through that service. If we deny your application we will provide you with the name, address and telephone number of the account verification service which provided us with this information.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Joint Account Holder

Date

## For Credit Union Use Only

ChexSystems Verification #

Opened by

*Jess*

Branch

*02*

Membership Officer

SEG ID#

*760*