

# APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_

Type of ID: \_\_\_\_\_ ID No.: \_\_\_\_\_ Soc. Sec No. \_\_\_\_\_

Complete Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Husband's First or Wife's Maiden Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Dept./Occupation: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Membership Eligibility: \_\_\_\_\_

## ACCOUNT DESIGNATION

Payable on Death (POD) Trust Account  All Accounts  Designate Specific Accounts

Relation to Member \_\_\_\_\_ Relation to Member \_\_\_\_\_

Beneficiary \_\_\_\_\_ Beneficiary \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

UTTMA/UGMA (as custodian for \_\_\_\_\_ {minor} under the uniform Transfers/Gifts to minors act)

Minor's TIN/SSN \_\_\_\_\_

(Instruction to Signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee under reporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below.)

### CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number (2) that I am not subject to backup with-holding either because I have not been notified that I am subject to backup with-holding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding and (3) that I am a U.S. person (including a U.S. resident alien).

By signing below, I hereby make application for membership in agreement to conform to the bylaws and any amendments thereof in the Educational & Governmental Employees Federal Credit Union. I also agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

#### Credit Union Use Only:

Application Submitted by  Mail  In Person Account No. \_\_\_\_\_

CU Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

# JOINT SHARE ACCOUNT AGREEMENT "NOT TRANSFERABLE"

The Educational & Governmental Employees Federal Credit Union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or herefore or hereafter paid in on shares by any or all of joint owners to their credit union as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time.

Any or all said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union.

The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions therefore made.

**Soc. Sec or Tax ID No.**

**Joint Owner Signatures (all Must Sign)**

**Date of Birth**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Consent of Spouse (to be completed in some states if joint owner is other than spouse of member)

*\*as defined in 12 CFR Part 204*

Approved and consented to:

Signature of Spouse \_\_\_\_\_

Date: \_\_\_\_\_

**REVERSE SIDE "MUST BE COMPLETED"**

**Credit Union Use Only:**

# PAYROLL DEPARTMENT FORM

*Send This Form To the Credit Union*

Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Payroll Supervisor of the \_\_\_\_\_  
(Your Employer)

I hereby authorize you to deduct \_\_\_\_\_ dollars (\$\_\_\_\_\_).

From my pay each payroll period, until further notice from me,  
and transmit the same currently to the Educational & Governmental  
Employees Federal Credit Union.

## Distribution of Deduction

E&G EFCU please disburse the deduction into my account  
as follows :

Savings \$ \_\_\_\_\_ Checking \$ \_\_\_\_\_

IRA Acct. \$ \_\_\_\_\_ Money Market \$ \_\_\_\_\_

Holiday Club \$ \_\_\_\_\_ Vacation Club \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ Description: \_\_\_\_\_

Total Amount Disbursed \$ \_\_\_\_\_

Signature

Date

Credit Union Use Only:

Payroll No.

Member No.