



**F&A Federal
Credit Union**

Eligibility	
Type of Membership	

In this Signature Card, "I," "ME," and "MY" mean each and every person who signs below. "YOU" and "YOUR" mean F&A Federal Credit Union. By signing below, I agree to the terms and conditions of this Signature Card and to the terms and conditions of the Deposit Account Agreement and Truth-in-Savings Disclosure. If I am currently not a member, I hereby certify that I am within your field of membership, make application for membership with you and agree to conform to your bylaws and any amendments thereto. I have received a copy of Deposit Account Agreement and Truth-In-Savings Disclosure. I authorize you to make any investigation deemed necessary, including a credit check or employment verification. **At the time I open my account, I authorize you to obtain my credit report to determine my eligibility for additional credit opportunities you may offer to me.** I authorize you to give information concerning your experiences with me to others. I agree that you may retain this Signature Card and any other information you may receive. I understand and agree that this Signature Card shall only govern the Account(s) set forth above. I will execute additional Signature Card(s) to open other Account(s) with you.

Important Information About Procedures for Opening a New Account: 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. What this means for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents and an additional questionnaire and documentation may be required.

APPLICATION FOR MEMBERSHIP: PRIMARY MEMBER INFORMATION

Last Name		First Name	
Middle Name		Suffix (Sr, Jr, III, etc)	
Mother's Maiden Name		Email Address	
Street Address		City	
State		Zip Code	
Mailing Address		City	
State		Zip Code	
Date of Birth		Home Phone	
Cell Phone		Work Phone	
Driver's License Number		Driver's License State	
Driver's License Date of Issue		Expiration Date	
Employed By		Annual Income	
Occupation		Rent or Own	

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

PART I - SOCIAL SECURITY NUMBER/TAXPAYER IDENTIFICATION NUMBER (TIN)

I agree to enter my TIN in the appropriate box. For individuals, this is my Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3 of IRS form W-9. For other entities, it is my employer identification number (EIN). If I do not have a number, I will see How to Get a TIN in the Deposit Account Agreement and Truth-in-Savings Disclosure.

Note: If the account is in more than one name, see the chart in the Deposit Account Agreement and Truth-In-Savings Disclosure for guidelines on whose number to enter.

Social Security Number/TIN	
<p>PART II - CERTIFICATION - 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. citizen or other U.S. person; and (4) I am exempt from FATCA reporting.</p> <p>I agree to cross out item number (2) above and check the box below if I have been notified by the IRS that I am currently subject to backup withholding because I have failed to report all interest or dividends on my tax return.</p>	
Backup Withholding	<input type="checkbox"/> The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.
Primary Signature	Date

JOINT ACCOUNT HOLDER (1) INFORMATION

Last Name		First Name	
Middle Name		Suffix (Sr, Jr, III, etc)	
Mother's Maiden Name		Email Address	
Street Address		City	
State		Zip Code	
Mailing Address		City	
State		Zip Code	
Date of Birth		Home Phone	
Cell Phone		Work Phone	
Driver's License Number		Driver's License State	
Driver's License Date of Issue		Expiration Date	
Social Security Number		Employed By	
Annual Income		Occupation	
Rent or Own			
Joint Signature		Date	

JOINT ACCOUNT HOLDER (2) INFORMATION

Last Name		First Name	
Middle Name		Suffix (Sr, Jr, III, etc)	
Mother's Maiden Name		Email Address	
Street Address		City	
State		Zip Code	
Mailing Address		City	
State		Zip Code	
Date of Birth		Home Phone	
Cell Phone		Work Phone	
Driver's License Number		Driver's License State	
Driver's License Date of Issue		Expiration Date	
Social Security Number		Employed By	
Annual Income		Occupation	
Rent or Own			
Joint Signature		Date	

JOINT ACCOUNT HOLDER (3) INFORMATION

Last Name		First Name	
Middle Name		Suffix (Sr, Jr, III, etc)	
Mother's Maiden Name		Email Address	
Street Address		City	
State		Zip Code	
Mailing Address		City	
State		Zip Code	
Date of Birth		Home Phone	
Cell Phone		Work Phone	
Driver's License Number		Driver's License State	
Driver's License Date of Issue		Expiration Date	
Social Security Number		Employed By	
Annual Income		Occupation	
Rent or Own			
Joint Signature		Date	

PAY-ON-DEATH PROVISIONS/BENEFICIARIES

Name of Payee		Phone	
Address		City	
State		Zip Code	
Social Security Number		Relation to Owner	
Date of Birth			
Name of Payee		Phone	
Address		City	
State		Zip Code	
Social Security Number		Relation to Owner	
Date of Birth			

For Office Use Only

The application for membership on the reverse is approved by the following F&A Federal Credit Union officer:

Federally Insured by
NCUA

Signature

Date

FinCin/OFAC/CIP
Verified

Existing Member