

# Member Application

**NORTHWOOD**  
FEDERAL CREDIT UNION

Account Number \_\_\_\_\_

## 1. Primary Account Owner Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home phone (        ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Work phone (        ) \_\_\_\_\_ SSI/TIN \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother's maiden name \_\_\_\_\_

Driver's license number \_\_\_\_\_ State issued in \_\_\_\_\_

Employer \_\_\_\_\_ Years employed \_\_\_\_\_

Position / Title \_\_\_\_\_  Full Time  Part Time

Home  Own  Rent Years \_\_\_\_\_

## 2. Joint Account Owner Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home phone (        ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Work phone (        ) \_\_\_\_\_ SSI/TIN \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother's maiden name \_\_\_\_\_

Driver's license number \_\_\_\_\_ State issued in \_\_\_\_\_

Employer \_\_\_\_\_ Years employed \_\_\_\_\_

Position / Title \_\_\_\_\_  Full Time  Part Time

## 3. Account Designations

Select one of the following

- Individual
- Joint with survivorship
- Payable on Death (POD)/In Trust For
- All Accounts
- Designate specific account(s)
  - Beneficiary/POD Payee #1 \_\_\_\_\_
  - Street \_\_\_\_\_
  - City, State, Zip \_\_\_\_\_
  - Beneficiary/POD Payee #2 \_\_\_\_\_
  - Street \_\_\_\_\_
  - City, State, Zip \_\_\_\_\_
- UTTMA/UGMA (as custodian for: \_\_\_\_\_ (Minor)  
Under the Uniform Transfers / Gifts to Minors act)
- Minor's Social Security # \_\_\_\_\_

**NorthwoodFCU.com**  
**215-725-8100**

### Important Information

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account to help the government fight the funding of terrorism and money laundering activities. 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. By submitting this application, you authorize the Credit Union to obtain information necessary to verify your identity. This may include information obtained from consumer reporting agencies, public data-bases, or other sources. If the Credit Union is unable to verify information you provide, an account may not be opened. The Credit Union reserves the right to close your account if it determines at a later date that it does not know your true identity.

#### 4. TIN Certification and Backup Withholding Information

**Under penalties of perjury, I certify that:**

- (1) The number shown on this form is my correct taxpayer identification number.
- (2) I am not subject to backup withholding because:
  - A) I am exempt from backup withholding.
  - 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.
  - C) The IRS has notified me that I am no longer subject to backup withholding.
- (3) I am a U.S. person (including a U.S. resident alien).

**Certification Instructions:**

Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

#### 5. Signature

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed unless the Credit Union is notified in writing of a change. By signing below, you certify that the information on this Membership Application (pages 1 & 2) are complete, true and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Membership Application for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you acknowledge that you have received, read and agree to the terms of the following Agreements applicable to the accounts and services requested.

- Membership and Account Agreement. You acknowledge receipt of and agree to the terms and conditions of the Membership, Account Agreement, Truth-in-Savings Rates, and to any amendment the Credit Union makes from time to time which are incorporated herein.

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

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

#### 6. Mail Completed Application with the following:

- ✓ Completed membership application (pages 1 & 2) with signatures
- ✓ Photo Copy of Drivers License
- ✓ Enclose a check with initial deposit, (minimum amount - \$100.00)
- ✓ Mail to **Northwood FCU • 6836 Castor Avenue • Philadelphia, PA 19149 • 215-725-8100**

#### CREDIT UNION USE ONLY - MEMBER VERIFICATION

Application Approved by \_\_\_\_\_ Date \_\_\_\_\_

