

NEW HAVEN POLICE & MUNICIPAL FEDERAL CREDIT UNION  
New Haven, Connecticut

APPLICATION FOR MEMBERSHIP

Account # _____	Print Name (1 <sup>st</sup> , Middle Initial, Last) _____
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Type of ID \_\_\_\_\_ I.D. # \_\_\_\_\_ S.S or Tax I.D. # \_\_\_\_\_

Address \_\_\_\_\_ City/State/ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Dept/Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Husband's First Name/ Wife's Maiden Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Basis for Eligibility \_\_\_\_\_

I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the New Haven Police & Municipal FCU. I also agree to the terms and conditions of any account 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.

USA Patriot Act: Federal law requires that we obtain, verify and record information that identifies each person who opens an account, including joint owners. Within this application, 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. Approval of your application may be delayed pending further verification of your identity.

Consumer Reports: By submitting an application, you authorize NHPD & M FCU to obtain a consumer credit report to evaluate your creditworthiness so that you may be considered for other NHPD & M FCU products and services. You also authorize NHPD & M FCU to obtain consumer reports for purposes of evaluating the membership application and reviewing any NHPD & M FCU accounts you open. You understand these reports may be used in decisions to deny account applications, close accounts, and/or restrict accounts or services.

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MEMBER SIGNATURE (sign within box) \_\_\_\_\_ Credit Union SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

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 a U.S. resident alien).

Certification Instructions: You must 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.

MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Customer Identification Program (CIP)

## Important Information about Procedures for Opening a New Account Or Maintaining Your Current 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. When you open an account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Tax Identification# OR Social Security# \_\_\_\_\_

Residential Address (must be a physical address, not a PO Box):

Mailing Address (if different than residential; can be a PO Box)

Phone Numbers (Note if CELL#) Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Email Address \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Issue Date \_\_\_\_\_ State of Issue \_\_\_\_\_

Mother's Maiden Name (MMN) \_\_\_\_\_

Name Change (Last, 1<sup>st</sup>, Middle Initial) \_\_\_\_\_

Supporting Docs? Yes \_\_\_\_\_; No \_\_\_\_\_; Type (Marriage Lic, Drivers Lic, Divorce doc, etc)

CUSTOMER SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Credit Union Employee Initials \_\_\_\_\_ Date \_\_\_\_\_

Copy of ID received \_\_\_\_\_ On File \_\_\_\_\_