



MEMBERSHIP APPLICATION

Acct No: _____
 New Update

SECTION 1: PRIMARY ACCOUNT HOLDER INFORMATION

LAST NAME		FIRST NAME & MIDDLE INITIAL		SOCIAL SECURITY NUMBER	
RESIDENTIAL ADDRESS		CITY/STATE/ZIP		DAYTIME PHONE NUMBER	
MAILING ADDRESS (IF DIFFERENT)		CITY/STATE/ZIP		EVENING PHONE NUMBER	
PRIMARY ID (DRIVER'S LICENSE NUMBER/STATE/EXPIRATION)		SECONDARY ID (TYPE & NUMBER)		E-MAIL ADDRESS	
EMPLOYER	START DATE	PASSWORD/MOTHER'S MAIDEN NAME (FOR SECURITY REASONS)	DATE OF BIRTH	U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2: JOINT ACCOUNT HOLDER INFORMATION (OPTIONAL)

LAST NAME		FIRST NAME & MIDDLE INITIAL		SOCIAL SECURITY NUMBER		DATE OF BIRTH	
RESIDENTIAL ADDRESS		CITY/STATE/ZIP		DAYTIME PHONE NUMBER			
PRIMARY ID (DRIVER'S LICENSE NUMBER AND STATE)		SECONDARY ID (TYPE & NUMBER)		EVENING PHONE NUMBER		U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3: PAYABLE ON DEATH & RIGHT OF SURVIVORSHIP

PAYABLE ON DEATH	PAYEE #1	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
	PAYEE #2	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER

RIGHT OF SURVIVORSHIP SINGLE PARTY ACCT W/ POD JT ACCT W/ SURIVORSHIP JT ACCT W/ SURIVORSHIP & POD JT ACCT W/ OUT SURIVORSHIP

Unless otherwise stated on the Acct Card, upon death of a party on the Acct, funds shall belong to the surviving party or parties. If No POD is listed, funds shall pass as a part of the party's estate.

SECTION 4: MEMBERSHIP ELIGIBILITY

› I am eligible to join Transit Employees Federal Credit Union through:

Employee/Retiree of Washington Metropolitan Transit Authority or one of its subsidiaries Location: _____

One of Transit Employees FCU's authorized SEG's Company: _____ Location: _____

Immediate Family or Household Member of above Relationship: _____ Name: _____

SECTION 5: ACCOUNTS AND SERVICE SELECTIONS*

Please select from the following accounts and services that you would like to open or have more information on.

<input checked="" type="checkbox"/> SHARE SAVINGS	<input type="checkbox"/> HOLIDAY CLUB SHARE	<input type="checkbox"/> TEFCU MASTER CARD
<input checked="" type="checkbox"/> TELE-CONNECT & e-CONNECT	<input type="checkbox"/> SPECIAL SAVINGS SHARE	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> CHECKING w/ VISA CHECK CARD	<input type="checkbox"/> FAMILY SECURITY PLAN SHARE	<input type="checkbox"/> NOTES: _____
<input type="checkbox"/> PARAMOUNT MONEY MARKET	<input type="checkbox"/> IRA's	_____
<input type="checkbox"/> SHARE CERTIFICATE: Term _____	<input type="checkbox"/> LENDING SERVICES	_____
<input type="checkbox"/> SAYGO CERT	<input type="checkbox"/> MORTGAGE SERVICES	_____

** Minimum requirements may apply and must be met to open / Additional information or applications may be required / Fees may apply*

SECTION 6: TIN CERTIFICATION, BACKUP WITHHOLDING INFORMATION, AND AUTHORIZATION

By signing below and 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, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result or 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: Cross out item 2) above if you have been notified by the IRS that you are currently subject to backup withholding. Cross out item 3) and complete a W-8 BEN if you are not a U.S. person.

*I/We hereby apply for membership and agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Disclosure, Funds Availability Disclosure, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card/EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement and Disclosure. I authorize the Credit Union to verify all information and to verify my/our credit worthiness. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

PRIMARY ACCOUNT HOLDER'S SIGNATURE _____ DATE _____ JOINT ACCOUNT HOLDER'S SIGNATURE _____ DATE _____

FOR CREDIT UNION USE ONLY: Date Opened: _____ By _____ Verification: _____ Disclosures Given: _____