



**U-1<sup>st</sup> Community  
Federal Credit Union**

Where We Put YOU First!

601 N. Canal Street  
Carlsbad, NM 88220  
(575) 887-1785

**MASTER MEMBERSHIP APPLICATION**

\*Permission to Contact: By providing the Credit Union with a wireless phone number (cell phone), you consent to receiving calls, including autodialed and prerecorded messages from the Credit Union or its third party debt collector at that number.

Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean the Credit Union. The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth in these Agreements and Disclosures. Words or phrases preceded by a  are applicable only if the  is marked, e.g.,  "n/a" means not applicable.

**Account Type** **Member Number:**

Share/Savings    Honest Checking    Senior Checking    Fresh Start Checking    Business Economy Checking    Share Certificate    Money Market  
 Special Club    Benny the Bat Savings    Other \_\_\_\_\_

**Account Services**

Payroll Direct Deposit    Payroll Deduction    Debit Card    ATM Card    PC Access/Internet Banking    Other \_\_\_\_\_  
 Overdraft Protection – Select priority of which Overdrafts should be applied \_\_\_\_\_  
 Electronic Documentation – If this box is checked, you request the credit union to provide documentation electronically via email or the credit union's web site according to the Electronic Documentation provision of the Membership Account Agreements, which you acknowledge reading and agree to its terms.

**Ownership**

**Individual Account**    **Joint Account with Survivorship** On the death of an owner or the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.    **Joint Account without Survivorship** On the death of an owner or the account, the deceased owner's interest in the account passes as part of the owner's estate by will, trust or intestacy.

**Primary Member (Applicant)**

Name		Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.*
Physical Address (Street, City, State, Zip)			Email Address		
Employer				Work Telephone No.	
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____					
Identification Number		Country/State of Issue	Expiration Date	Password	

**Joint Owner**

Name		Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.*
Physical Address (City, Street, State, Zip)			Email Address		
Employer				Work Telephone No.	
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____					
Identification Number		Country/State of Issue	Expiration Date		

**Joint Owner**

Name		Birth Date	SSN/TIN	Home Phone No.	Cell Phone No.*
Physical Address (City, Street, State, Zip)			Email Address		
Employer				Work Telephone No.	
Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other _____					
Identification Number		Country/State of Issue	Expiration Date		

**Account Designation**

**Payable on Death (P.O.D) Account**  
Provide the following information to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts with the exception of IRAs.

Beneficiary #1 - Name and Address	Relationship	Social Security No.
Beneficiary #2 - Name and Address	Relationship	Social Security No.

**UTMA Custodial Designation and Information**

Custodian 1		Custodian 2	
Name:	SSN/TIN:	Name:	SSN/TIN:
Address:		Address:	
Date of Birth:		Date of Birth:	
As custodian for _____ (name of minor), age _____, SSN _____ under the Uniform Transfers to Minors Act.			



**UTMA Designation of Successor Custodian**

Pursuant to the Uniform Transfers to Minors Act, I hereby designate:

successor custodian(s) for all accounts listed in this section. This designation shall take effect only upon my death, resignation, incapacity or removal.

Custodian Signature

Date

X

**Agency**

Print Name of Agent:

Signature of Agent:

**Business Accounts**

Name and Address of Entity

Other Names

Phone No.

Email

Type of Entity:

Corporation  Limited Liability Company  Sole Proprietorship  Partnership  Un-incorporated Organization  Association/Club  Other \_\_\_\_\_

Select Code:  D = Disregarded Entity

General

C = Corporation

Limited

P = Partnership

Limited Liability

**Authorized Signers**

By signing this authorization, each of the signers jointly and severally certifies and agrees that the terms of the Certificate of Authority apply to the account owner listed above. The signers further acknowledge receipt of and agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time.

Name	Title	Signature	Date
		X	
		X	

**Certificate of Authority**

**ACCOUNT OWNER** - The Account Owner name shown above is the complete and correct name of the Account Owner. If applicable, all registered assumed names under which the Account Owner does business are shown above. Each corporate officer, partner, member, or trustee (as applicable) warrants that the Account Owner has been duly formed and currently exists.

**AUTHORIZED PARTIES** - The persons signing above (Signers) presently occupy the positions listed and are authorized to transact business on behalf of the Account Owner. The Account Owner agrees to notify the Credit Union in writing of any change in the Signers' authority. The Credit Union may request any other evidence of a Signer's authority at any time.

**AUTHORITY**

- Each Authorized Party listed above (Signer) certifies and agrees that the Account Owner's accounts and services will be governed by the terms set forth in the Master Membership Account Agreement and Rate Addendum and Schedule of Fees and Charges, as amended from time to time.
- The Credit Union is directed to accept and pay without further inquiry any item, bearing the signature as indicated above, drawn against any of the Account Owner's accounts listed above. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Account Owner for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transaction under the Agreement.
- Any persons authorized to receive account information, if applicable, are authorized to receive from the Credit Union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account. The authority given to the Authorized Signers shall remain in full force until written notice of revocation is delivered to and received by the Credit Union at the location where the account was opened and maintained. Any such notice shall not affect any items in process at the time notice is given. An authorized officer, trustee, or agent of the Account Owner will notify the Credit Union of any change in the Account Owner's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Account Owner and the Credit Union before any such change occurs. The Credit Union shall have no duty to inquire as to the powers and duties of any Signer and shall have no notice of any breach of fiduciary duties by any Signer unless the Credit Union has actual notice of wrongdoing.
- The persons authorized to receive account information, if applicable, are authorized to receive from the credit union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account.

**LIABILITY** - The Account Owner agrees that the Credit Union shall not be liable for any losses due to the Account Owner's failure to notify the Credit Union of such changes. Account Owner and each Signer agree to indemnify and hold Credit Union harmless of any claim of liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which Credit Union relies prior to notice of any account change.

**Account Change Authorization**

By signing below, you authorize to the same extent as your original signature, the highlighted changes/additions shown herein.

Initial Here	Date	Initial Here	Date
Initial Here	Date	Initial Here	Date

**Important IRS Information - TIN 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 (defined below); and 4.) The FATCA code(s) entered below (if any) indicating that I am exempt from FATCA reporting is correct.

**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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

**Signatures**

You hereby apply for membership with the Credit Union. You warrant the truth of the information contained in your application for membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility and/or credit worthiness. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. By signing below, you agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. If your application for membership is a joint application, any liability created by the use of your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and employment history information. In addition to establishing a regular share Account, you may also from time to time request additional Accounts and/or Account Services be established on your behalf and/or the addition of joint owner(s) of your Account(s). Your signature below is your continuing authorization for the Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your Account(s). 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 you: When you open an account, we will ask 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 and other identifying information. **The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Joint Owner Signature	Date	Joint Owner Signature	Date	Primary Owner Signature	Date
X		X		X	

**Credit Union Use Only**

Date of Membership 10/30/2020

Opened / Approved By:

Member Verification:

(IO Type and No.)

Credit Report  Access Card  Check Verify  Audio Response  PIN Request  PC Access / Internet Banking  Other \_\_\_\_\_



Mailing Address		Home Phone	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted
City, State, Zip, Country		Work Phone	
E-mail		Mobile Phone	
Current Employment Details <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker			
Occupation	Employer		
Position	Employer Address		
Gross Annual Income \$	City, State, Zip, Country		
If self-employed, what is the nature of your business?			
Identification Type (check only one) <input type="checkbox"/> Driver's Licenses <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport <input type="checkbox"/> US Armed forces ID <input type="checkbox"/> Other _____			
Identification Number		Country/State of Issue	
Issue Date		Expiration Date	
I am a: (check only one) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non Resident Alien			
Country of Citizenship: (if not a U.S. Citizen)			
<b>ACCOUNT SERVICES</b>			
<input type="checkbox"/> Payroll Deduction/Direct Deposit <input type="checkbox"/> ATM Card <input type="checkbox"/> Debt Card <input type="checkbox"/> Audio Response <input type="checkbox"/> PC Access/Internet Banking			
<input type="checkbox"/> Overdraft Protection(indicate transfer priority): _____ <input type="checkbox"/> Other: _____			
<b>ACCOUNT TYPE</b>			
All of the terms, conditions, form of amount ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a charge.			
	Account Number		Account Number
<input type="checkbox"/> Honest Checking Account	_____	<input type="checkbox"/> Special Club Savings Account	_____
<input type="checkbox"/> Senior Checking Account	_____	<input type="checkbox"/> Benny the Bat Savings Account	_____
<input type="checkbox"/> Fresh Start Checking Account	_____	<input type="checkbox"/> Regular Share Savings Account	_____
<input type="checkbox"/> Money Market Checking Account	_____	<input type="checkbox"/> Regular IRA Share Savings Account	_____
<input type="checkbox"/> Business Economy Checking Account	_____		
<input type="checkbox"/> Share Certificate Account	_____		
Share Certificate Type	_____		
Share Certificate Term	_____		
<b>ACCOUNT DESIGNATIONS</b>			
<input type="checkbox"/> <b>Payable on Death (POD)/Trust Account</b>			
Beneficiary/Payee _____		Beneficiary/Payee _____	
Street _____		Street _____	
City, State, Zip, Country _____		City, State, Zip, Country _____	
Telephone _____		Telephone _____	
<input type="checkbox"/> <b>UTMA/UGMA</b>			
As custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act			
Minor's SSN/TIN _____			
<input type="checkbox"/> <b>Agency</b>			
Print Name of Agent _____			
Signature _____		Date _____	
<input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts _____			
<input type="checkbox"/> <b>Other</b>		<input type="checkbox"/> See Account Authorization Card	

**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 (or I am waiting for a number to be issued), 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 withholdings, and*
- (3) *I am a U.S. person or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701.7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

**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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

Exempt payee code (if any) \_\_\_\_\_ Exemption from FACTA reporting code (if any) \_\_\_\_\_

**AUTHORIZATION**

By signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

I affirm, under penalty of perjury, that all of the information I have provided in order to join Fairfax County Federal Credit Union is true.

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

**FOR CREDIT UNION USE ONLY**

Member/Owner Verifications Completed  See Account Change Card  See Insurance Beneficiary Card

Date of Membership: \_\_\_\_\_ Opened/App'd by: \_\_\_\_\_ Member Verification \_\_\_\_\_  
 Credit Report  Check Verify  PIN Request  Access Card  Audio Response  PC Access/Internet Banking

Joint/Owner Verifications Completed  See Account Change Card  See Insurance Beneficiary Card

Date of Membership: \_\_\_\_\_ Opened/App'd by: \_\_\_\_\_ Member Verification \_\_\_\_\_  
 Credit Report  Check Verify  PIN Request  Access Card  Audio Response  PC Access/Internet Banking