

# MEMBERSHIP APPLICATION

Bethex Federal Credit Union  
20 E. 179th Street, LL  
Bronx, NY 10453  
tel. 718.299.9100 fax 718.294.4950

## ACCOUNT TYPE

- |  |   |
|--|---|
| <input type="checkbox"/> Share/Savings _____                 | <input type="checkbox"/> Money Market _____ |
| <input type="checkbox"/> Share Draft/Checking _____          | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Share Certificate/Certificate _____ | <input type="checkbox"/> Other _____        |

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN)/Taxpayer identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

- |   |  |
|---|--|
| <input type="checkbox"/> I am subject to backup withholding | <input type="checkbox"/> I am not a United States citizen or resident<br>(complete W-8 form) |
| <input type="checkbox"/> Exempt                             |  |

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

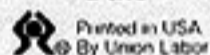
Member _____	Account No. _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Phone Home ( ) _____	Date of Birth _____
Phone Work ( ) _____	Mother's Maiden Name _____
Employment _____	
Eligibility for Membership _____	

## AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, 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 or EFT service is requested and provided, I/we 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.*

X _____ Signature Date	X _____ Signature Date
X _____ Signature Date	X _____ Signature Date

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## ACCOUNT SERVICES

- |   |  |
|---|--|
| <input type="checkbox"/> Payroll Deduction/Direct Deposit                                 | <input type="checkbox"/> ATM Card _____          |
| <input type="checkbox"/> Overdraft Protection (Indicate transfer priority below)<br>_____ | <input type="checkbox"/> Debit Card _____        |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other EFT Service _____ |
|   | <input type="checkbox"/> Other _____             |

## ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- Single Party       Multiple Party with Survivorship       Multiple Party without Survivorship

Joint Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Phone Home ( ) _____ Work ( ) _____	Mother's Maiden Name _____
Joint Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Phone Home ( ) _____ Work ( ) _____	Mother's Maiden Name _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> See Account Authorization Card

## ACCOUNT DESIGNATIONS

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Payable on Death (POD)/Trust Account   | <input type="checkbox"/> All accounts                        | <input type="checkbox"/> Designate specific account(s)<br>_____ |
| Beneficiary _____   | Beneficiary _____  |   |
| Street _____  | Street _____   |   |
| City/State/Zip _____  | City/State/Zip _____   |   |
| <input type="checkbox"/> UTTMA/UGMA (as custodian for _____ (minor) under the<br>Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN _____ |  |   |
| <input type="checkbox"/> Agency Name of Agent _____   |  |   |
| <input type="checkbox"/> All Accounts   | <input type="checkbox"/> Designate specific account(s) _____ |   |

## FOR CREDIT UNION USE ONLY

See Account Change Card

Date of Membership \_\_\_\_\_ Opened /App'd by \_\_\_\_\_ Member Verification \_\_\_\_\_  
PIN Request \_\_\_\_\_ Credit Report \_\_\_\_\_ Check Verify \_\_\_\_\_ Access Card \_\_\_\_\_