



Membership Application & Account Agreement

127 Waverly Place
San Francisco, CA 94108
(415) 434-0738

Account No: _____ Member Name: _____ Date: _____
(To be completed by the Credit Union)

Account Type: Individual Account Joint Account Custodial Account Other: _____
 Share/Savings Account _____ Share Draft/Checking Account _____
(Date Opened) (Date Opened)

I hereby make application for membership in and agree to conform to the by-laws (as amended) of the **Northeast Community Federal Credit Union.**
Acknowledgement of Receipt and Acceptance of truth-in-savings disclosure

By signing below, I acknowledge that I have received a copy of the Credit Union's Truth-in Savings Disclosure ("Disclosure") and that I have received a copy of the current Rate and Fee schedule. All the terms and conditions and information contained in the disclosure and any amendments thereto ("Application") are by this reference incorporated in their entirety into this membership application and account agreement (application). I authorize the Credit Union to obtain credit reports in connection with this account and any future services provided by the Credit Union as permitted by law. I agree to be bound by the terms and conditions of the Disclosure and Application. I understand that the Credit Union may verify all information I have given on the Application.

X _____ Date _____
Member Signature
X _____ Date _____
Joint Owner Signature

Member Information				Joint Owner Information			
_____	_____	_____	_____	_____	_____	_____	_____
Last Name	First Name	M.I.		Last Name	First Name	M.I.	
_____	_____	_____	_____	_____	_____	_____	_____
Date of Birth	Social Security Number	Phone Number		Date of Birth	Social Security Number	Phone Number	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Address	City	State	Zip Code	Address	City	State	Zip Code
_____	_____	_____	_____	_____	_____	_____	_____
Mother's Maiden Name				Mother's Maiden Name			

Designation of Beneficiary (Pay-On-Death Payee)

Share Beneficiary (member)
In the event of my death and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appear below as my beneficiary to receive any and all amounts in this account(s).

Name of Beneficiary _____ Address _____ Phone # _____
Name of Beneficiary _____ Address _____ Phone # _____
X _____ Date _____
Member Signature

Share Beneficiary (joint owner)
In the event of my death and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appear below as my beneficiary to receive any and all amounts in this account(s).

Name of Beneficiary _____ Address _____ Phone # _____
Name of Beneficiary _____ Address _____ Phone # _____
X _____ Date _____
Member Signature

Important IRS Information
Payer's Request for Taxpayer Identification No: _____
Name SSN or EIN

Part I: Taxpayer Identification Number (TIN) Enter your TIN on the line above.
Part II: 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 fro 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 or dividends on your tax return. For real estate transactions, item 2 does not apply. For real estate transactions, item 2 does not apply. For mortgage, interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA) and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN

X _____ Date _____
Signature of the person whose TIN is stated above

FOR CREDIT UNION USE ONLY
Include name of system used to verify member information: _____ This application for membership approved by: _____
System: _____ Date: _____ Signature: _____ Date: _____