



Serving the Ukrainian Community of Philadelphia
Обслуговуємо Українську Громаду Філадельфії

MEMBERSHIP APPLICATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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.

What this means to you: When you open an account, we 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.

PRIMARY MEMBER

Member No: _____
Member/Owner: First: _____ MI: _____ Last: _____ Jr/Sr: _____
SSN/ITIN: _____ **Date of Birth:** ____/____/____ **Place of Birth:** _____
Present Address: _____
City: _____ **State:** _____ **Zip:** _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
ID Type: _____ **ID Description:** _____
ID Number: _____ **ID Issue Date:** ____/____/____ **ID Exp. Date:** ____/____/____
Home Phone: _____ **E-Mail:** _____
Cell Phone: _____ **Work Phone:** _____
Employer: _____ **Occupation:** _____
Membership Eligibility: _____

JOINT OWNER

Joint Owner: First: _____ MI: _____ Last: _____ Jr/Sr: _____
SSN/ITIN: _____ **Date of Birth:** ____/____/____ **Place of Birth:** _____
Present Address: _____
City: _____ **State:** _____ **Zip:** _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
ID Type: _____ **ID Description:** _____
ID Number: _____ **ID Issue Date:** ____/____/____ **ID Exp. Date:** ____/____/____
Home Phone: _____ **E-Mail:** _____
Cell Phone: _____ **Work Phone:** _____
Employer: _____ **Occupation:** _____

JOINT OWNER

Joint Owner: First: _____ MI: _____ Last: _____ Jr/Sr: _____
SSN/ITIN: _____ **Date of Birth:** ____/____/____ **Place of Birth:** _____
Present Address: _____
City: _____ **State:** _____ **Zip:** _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
ID Type: _____ **ID Description:** _____
ID Number: _____ **ID Issue Date:** ____/____/____ **ID Exp. Date:** ____/____/____
Home Phone: _____ **E-Mail:** _____
Cell Phone: _____ **Work Phone:** _____
Employer: _____ **Occupation:** _____

Member No: _____

ADDITIONAL ACCOUNT TYPES	
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Classic Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Premium Money Market: _____
<input type="checkbox"/> Share Certificate: _____	<input type="checkbox"/> Other: _____

ACCOUNT SERVICES		
<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Phone Teller/Audio Response	<input type="checkbox"/> Other:
<input type="checkbox"/> Debit Card	<input type="checkbox"/> Internet Banking	<input type="checkbox"/> Opt-out from Electronic Newsletter

ITIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Individual Taxpayer Identification Number (or I am waiting for a number to be issued to me),
- (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 (including a U.S. resident alien).

Certification Instructions: Check all that apply.

- I am subject to backup withholding.
Check all that apply: Member First Joint Owner Second Joint Owner
- I am not a U.S. Citizen, including non-resident alien or foreign national. (Complete IRS W-8BEN Form)

AUTHORIZATION

By signing below, I/we 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/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is required and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. *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 will notify the Credit Union of any changes in address or status

Notes: _____

X _____ / ___ / ____
Signature (Primary Member) Date:

X _____ / ___ / ____
Signature (Joint Owner) Date:

X _____ / ___ / ____
Signature (Joint Owner) Date:

For Credit Union Use Only

Verification Date: _____ Completed by: _____
Account Opened by: _____ Date: _____