



3920 Erie St. South, Massillon, OH 44646  
330-832-1371 • Fax: 330-832-7650

# MEMBERSHIP APPLICATION & AGREEMENT

Membership Number \_\_\_\_\_

**Account Type(s):**

<input type="checkbox"/> Regular Share	<input type="checkbox"/> Sub-Share	<input type="checkbox"/> CUB Share	<input type="checkbox"/> Money Market Savings
<input type="checkbox"/> Christmas Club Share	<input type="checkbox"/> Classic Family Checking	<input type="checkbox"/> Family Secure Checking	<input type="checkbox"/> Money Management Checking
<input type="checkbox"/> Share Certificate _____ (term in months)		<input type="checkbox"/> IRA Share Certificate _____ (term in months)	

**Account Ownership:**  Individual  Joint  POD  Trust  UTMA  Other \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 for You: When You open an Account, We will ask You 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 Owner Information

Member  Trust  Other Specify: \_\_\_\_\_ Are You a Non-Resident Alien?  Yes  No

Name (First, Last, MI & Suffix) or (Name of Trust)				Birth Date or Date of Trust	
Address Line 1		Address Line 2		City	
State		Zip			
Phone Number		E-Mail Address		Eligibility	
Social Security Number		Driver's License Number/State/Exp. Date		Employer	

### Owner 2 Information

Joint Owner  Trustee  Custodian  Other Specify: \_\_\_\_\_

Name (First, Last, MI & Suffix)				Birth Date	
Address Line 1		Address Line 2		City	
State		Zip			
Phone Number		E-Mail Address		Eligibility	
Social Security Number		Driver's License Number/State/Exp. Date		Employer	

### Owner 3 Information

Joint Owner  Trustee  Successor Trustee  Custodian  Other Specify: \_\_\_\_\_

Name (First, Last, MI & Suffix)				Birth Date	
Address Line 1		Address Line 2		City	
State		Zip			
Phone Number		E-Mail Address		Eligibility	
Social Security Number		Driver's License Number/State/Exp. Date		Employer	

### Owner 4 Information

Joint Owner  Trustee  Successor Trustee  Custodian  Other Specify: \_\_\_\_\_

Name (First, Last, MI & Suffix)				Birth Date	
Address Line 1		Address Line 2		City	
State		Zip			
Phone Number		E-Mail Address		Eligibility	
Social Security Number		Driver's License Number/State/Exp. Date		Employer	

## ATM Card/MasterCard Debit Card/ART Telephone Banking/OBIE Online Banking/Mobile Banking/Online Bill Payment

You are requesting the convenience of 24-hour access to Your Credit Union Account in conjunction with a Personal Identification Number (PIN) or Access Code. Your Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines, and Your MasterCard Debit Card will also allow You to pay for services and purchases directly from Your linked account. You would like:

ATM Card  MasterCard Debit Card  Banking By Phone  Online Banking  Mobile Banking  Bill Payment

Name on Card 1: \_\_\_\_\_

Name on Card 2: \_\_\_\_\_

Name on Card 3: \_\_\_\_\_

Name on Card 4: \_\_\_\_\_

## Payable-On-Death Account Beneficiary Designation

In the event of Your death, You hereby designate the following beneficiary(ies).

Name \_\_\_\_\_ Address \_\_\_\_\_ SSN \_\_\_\_\_ % \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ SSN \_\_\_\_\_ % \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ SSN \_\_\_\_\_ % \_\_\_\_\_

## Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfers to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) You are exempt from FATCA reporting.

**INSTRUCTION TO SIGNER.** If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

**DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.**

We will be unable to open an Account for You without a taxpayer identification number.

## UTMA Account

For UTMA (Uniform Transfers to Minors Act) Accounts, You understand that the gift of money to the Minor named on this Application, which gift shall be deemed to include all dividends thereon and any future additions thereto, is irrevocable and is made in accordance with, and is to include all provisions of, the Ohio Uniform Transfers to Minors Act (the Act) as it is now and in the future. You further understand that the age of delivery from the Custodian to the Minor will occur upon the minor's age of 21, under the Act.

Owner 2 is named as custodian for the Primary Member under the Ohio Uniform Transfers to Minors Act.

Designation of Successor Custodian. You appoint \_\_\_\_\_ (Name of Successor Custodian) as Successor Custodian of the gift property described in the gift transfer above. Such appointment will take effect: (1) when and in the event of Your resignation, death, incompetence, or legal incapacitation; and (2) when We deliver said account, together with a true copy of this instrument of designation, into the custody of the Successor Custodian named above. Upon receipt of actual or written notice of such event, You direct Us to make such delivery.

\_\_\_\_\_  
 Signature of Custodian

## Signatures

You hereby apply for membership with Friends And Family 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. 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 Your application for membership and to the bylaws, rules and regulations of Friends And Family Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. 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 primary Savings 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 Friends And Family 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).

**The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Applicants (Primary Member) Signature

Date

Owner 2 Signature

Date

Owner 3 Signature

Date

Owner 4 Signature

Date

**YOUR SAVINGS INSURED TO \$250,000 PER ACCOUNT**



**AMERICAN SHARE INSURANCE**

This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money.

MEMBERS' ACCOUNTS ARE NOT INSURED OR GUARANTEED BY ANY GOVERNMENT OR GOVERNMENT-SPONSORED AGENCY.

## Credit Union Use Only

Date of Membership \_\_\_\_\_ Opened by \_\_\_\_\_ MSR Signature \_\_\_\_\_

\_\_\_\_\_ Credit Report \_\_\_\_\_ OFAC \_\_\_\_\_ Checks Ordered \_\_\_\_\_ ChexSystems \_\_\_\_\_ Cards Ordered

SEG# \_\_\_\_\_ Last 4 of Member Number \_\_\_\_\_

### USA Patriot Act Compliance

**Primary Owner:** Type of Document \_\_\_\_\_ ID# of Document \_\_\_\_\_ Place of Issuance \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Non-Documentary Method Used \_\_\_\_\_ Information Verified \_\_\_\_\_

**Owner 2:** Type of Document \_\_\_\_\_ ID# of Document \_\_\_\_\_ Place of Issuance \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Non-Documentary Method Used \_\_\_\_\_ Information Verified \_\_\_\_\_

**Owner 3:** Type of Document \_\_\_\_\_ ID# of Document \_\_\_\_\_ Place of Issuance \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Non-Documentary Method Used \_\_\_\_\_ Information Verified \_\_\_\_\_

**Owner 4:** Type of Document \_\_\_\_\_ ID# of Document \_\_\_\_\_ Place of Issuance \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Non-Documentary Method Used \_\_\_\_\_ Information Verified \_\_\_\_\_