

New Member Application

Employee ID # _____ Account # _____

Membership Eligibility:

- Savings Checking Full Direct Deposit Payroll Deduction
 CD IRA Holiday Club Vacation Club

- Individual Custodial
 Joint w/ Survivorship Business

- Order Checks Now?** Yes No
Phone # on Checks? Yes No

Member/Owner: Last Name		M.I.	First Name	
Address			Apt. #	<input type="checkbox"/> Own <input type="checkbox"/> Rent
City	State	Zip	Birth Date	
<input type="checkbox"/> Single <input type="checkbox"/> Married	Mother's Maiden Name		Social Security #/TIN	
Home Phone	Work Phone		Department	
Driver's License #		Email		

Member/Owner: Last Name		M.I.	First Name	
Address			Apt. #	<input type="checkbox"/> Own <input type="checkbox"/> Rent
City	State	Zip	Birth Date	
<input type="checkbox"/> Single <input type="checkbox"/> Married	Mother's Maiden Name		Social Security #/TIN	
Home Phone	Work Phone		Department	
Driver's License #		Email		

TIN Certificate and Backup Withholding

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number,
- I am not subject to backup withholding because:
 - I am exempt from backup withholding as a result of a failure to report all interest or dividends, or
 - the IRS has notified me that I am no longer subject to backup withholding and
- I am a US citizen (including a US resident alien).

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 failed to report all interest and dividends on your tax return. Cross out Item 3 and complete a W-8 CEN if you are not a US citizen.

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 of ProMedica Federal Credit Union, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We 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/We agree to any means needed to check my membership eligibility qualifications for membership. A consumer credit report may be requested in connection to this application and with any renewals, updates, or extension on new credit or additional services as a result of this application.

CREDIT UNION USE ONLY	Date Opened	CHEXSYSTEMS <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Red Flags	<input type="checkbox"/> Copy of Driver's License
	Account Opened By		<input type="checkbox"/> Disclosures	

Beneficiaries

Payable on Death (POD)

POD <input type="checkbox"/> Account # <input type="checkbox"/> All Accounts			Birth Date
Payee Last Name	M.I.	First Name	Social Security #/TIN
Address		Apt. #	Home Phone
City	State	Zip	Work Phone

UTTAMA/UGMA Uniform Transfer/Gifts to Minors <input type="checkbox"/> Account # <input type="checkbox"/> All Accounts			Birth Date
Payee Last Name	M.I.	First Name	Social Security #/TIN
Address		Apt. #	Home Phone
City	State	Zip	Work Phone

POD <input type="checkbox"/> Account # <input type="checkbox"/> All Accounts			Birth Date
Payee Last Name	M.I.	First Name	Social Security #/TIN
Address		Apt. #	Home Phone
City	State	Zip	Work Phone

Agency <input type="checkbox"/> Account # <input type="checkbox"/> All Accounts			Birth Date
Authorized Signer Last Name	M.I.	First Name	Social Security #/TIN
Address		Apt. #	Home Phone
City	State	Zip	Work Phone

Primary Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____