

# APPLICATION FOR MEMBERSHIP

Print-out form, complete it, and bring it with you, along with your government issued picture ID, and proof of your current address when you stop in and open an account.

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Member # (HFCU will assign):        | Date:                               |
| Primary Owner:                      | Joint Owner 1: _____ :              |
| Address 1:                          | Address 1:                          |
| Address 2:                          | Address 2:                          |
| City/State/Zip                      | City/State/Zip                      |
| Birth Date: _____ SSN/TIN: _____    | Birth Date: _____ SSN/TIN: _____    |
| Employer: _____ Position: _____     | Employer: _____ Position: _____     |
| Home Phone: _____ Work Phone: _____ | Home Phone: _____ Work Phone: _____ |
| Email: _____ Cell Phone: _____      | Email: _____ Cell Phone: _____      |
| Driver's License (ID)/State:        | Driver's License (ID)/State:        |
| Mother's Maiden Name:               | Mother's Maiden Name:               |

\*Both Joint Owners Must Be Present For Account Opening

## ACCOUNTS & SERVICES

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Savings                     | <input type="checkbox"/> Totally FREE Checking     | <input type="checkbox"/> ATM Card            |
| <input type="checkbox"/> VISA® Debit Card            | <input type="checkbox"/> Overdraft Loan Protection | <input type="checkbox"/> Financial Education |
| <input type="checkbox"/> Online Banking/E-statements | <input type="checkbox"/> Direct Deposit            | Topic: _____                                 |
| <input type="checkbox"/> Benefits Plus               |  |  |

TIN and Backup Withholding Certification \_\_\_\_\_ Signature: \_\_\_\_\_

SSN: \_\_\_\_\_

By signing this application, I certify under penalty of perjury that:  
 I am a U.S. person (including a U.S. resident Alien), the Social Security Number shown above is my correct number and I am NOT subject to backup withholding as a result of failure to report all dividends or interest, because the IRS has notified me that I am no longer subject to backup withholding, or:

- I am subject to backup withholding
- I am not a United States citizen or resident

By signing below, you agree to Highmark Federal Credit Union's bylaws, terms and conditions of each of the disclosure/agreements applicable to the accounts and services requested in the future. You authorize Highmark FCU to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certify that the information provided on this Application is true and correct and that the terms on this Application apply to all accounts held by the undersigned at Highmark FCU. The undersigned acknowledge receipt of a copy of the terms and conditions applicable to each

listed account and the following disclosures; Truth in Savings, Electronic Fund Transfers, Funds Availability, Rate and Fee Schedule, and our Privacy Policy.

1. Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Signature X \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

3. Signature X \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

4. Signature X \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

AGENTS – The individuals signing above on line(s) \_\_\_\_\_ is signing as: \_\_\_\_\_