

**ACCLAIM Federal Credit Union
Membership Services Application**

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FULL LEGAL NAME	DATE OF BIRTH	SSN/TIN
MAILING ADDRESS	HOME PHONE	WORK PHONE
CITY/STATE/ZIP	+4	CELL PHONE
STREET ADDRESS (if PO Box above)	E-MAIL ADDRESS*	
IF VF EMPLOYEE: LIST VF COALITION AND LOCATION EX: VF JEANSWEAR – CHURCH COURT	OR IF NOT EMPLOYEE, NAME OF VF RELATIVE	RELATIONSHIP TO VF EMPLOYEE

*If you do not want to receive e-mail news and special offers from us, check here ()

ACCOUNT TYPES REQUESTED:	<u>Amount</u>	SERVICES REQUESTED:
<input type="checkbox"/> Savings (required to join)	=====	<input type="checkbox"/> ATM Card (w/savings only)
<input type="checkbox"/> Checking	=====	<input type="checkbox"/> FREE Debit Card (w/checking only)
<input type="checkbox"/> Christmas Club	=====	<input type="checkbox"/> FREE Online access & e-statements
<input type="checkbox"/> Vacation Club	=====	<input type="checkbox"/> Bill Payment service (one-time enrollment fee)
<input type="checkbox"/> Individual Retirement Acct (IRA)	=====	<input type="checkbox"/> FREE box of checks (complete order form)
<input type="checkbox"/> Certificate(s) TERM	=====	<input type="checkbox"/> FREE Payroll Deduction/Direct Deposit (CIRCLE ONE)
<input type="checkbox"/> Kids/Teen Account	=====	<input type="checkbox"/> Overdraft Line of Credit loan (w/checking only)
<input type="checkbox"/> Other: _____	=====	<input type="checkbox"/> Other: _____

I AM ADDING THE FOLLOWING JOINT OWNER: (copy of Driver's License required)

JOINT OWNER (WITH RIGHT OF SURVIVORSHIP)	Date of Birth	SSN/TIN
MAILING ADDRESS	EMAIL ADDRESS	
RELATIONSHIP TO MEMBER	WORK PHONE	HOME PHONE

I AM DESIGNATING A PAYABLE ON DEATH (POD) BENEFICIARY:

BENEFICIARY/POD PAYEE	RELATIONSHIP	DATE OF BIRTH	SSN
ADDRESS, CITY, ST ZIP	HOME PHONE	WORK PHONE	CELL PHONE

For Additional Joint Owners or Beneficiaries, contact our office.

NEW ACCOUNT IDENTIFICATION – REQUIRED TO OPEN ANY ACCOUNT

WE MUST BE ABLE TO VERIFY YOUR ADDRESS! Please include a copy of one of the following acceptable forms of identification for yourself **AND** your joint owner(s):
Your street address must be verified by one of these IDs or contact our office for assistance.

- | | |
|---|---|
| <input type="checkbox"/> Valid State Driver's License#/Exp.Date | <input type="checkbox"/> United States Passport |
| <input type="checkbox"/> Armed Forces ID Card (DD Form 2) | <input type="checkbox"/> Federal Employee ID or Badge |
| <input type="checkbox"/> Alien Registration Receipt Card | <input type="checkbox"/> _____ |

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Instructions: Cross out number (2) if you **are** subject to backup withholding.
Cross out (3) if you **are not** a U.S. citizen and complete a W-8BEN.

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number;
- (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. person (including a U.S. resident alien).

AUTHORIZATION

I/we understand that by signing this agreement, I/we agree to the terms and conditions of the Membership and Account Agreement, the Truth-In-Savings Disclosure, and the Rates & Fees Listing which either accompanies this application or will be provided within 30 days of opening the account(s). If an access card or electronic funds transfer service is requested and provided, I/we agree to the terms of the Electronic Funds Transfer Agreement and Disclosure which either accompanies this agreement or will be provided within 30 days of opening the account(s). I/we understand that if I/we do not receive the Disclosures within 30 days, I/we can rescind this agreement by notifying the Credit Union in writing within 45 days of the date below.

SIGNATURE

DATE

JOINT OWNER SIGNATURE

DATE

What You Need to Know about Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account, which **may be less expensive** than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

➤ **What are the standard overdraft practices that come with my account?**

We do authorize and pay overdrafts for the following types of transactions:

- Checks and Automated Clearing House transactions (pre-arranged drafts) made using your checking account number

We do not authorize and pay overdrafts for the following types of transactions unless you have pre-arranged an overdraft protection plan through a Line of Credit Loan.

- ATM transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means we **do not guarantee** that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

➤ **What fees will I be charged if Acclaim Federal Credit pays my overdraft?**

Under our standard overdraft practices:

- We will charge you a fee of up to **\$28** each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

➤ **What if I want Acclaim Federal Credit Union to authorize and pay on my ATM and everyday debit card transactions?**

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, call 336-332-5302, visit www.AcclaimFCU.org, or complete the form below and either present it at 1823 Banking Street or mail it to Acclaim Federal Credit Union, PO Box 29527, Greensboro, NC 27429.

____ I do not want Acclaim Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

____ I want Acclaim Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Printed Name: _____

Signature _____ Date: _____

FOR CREDIT UNION USE ONLY:

USER2	TELECHK RESPONSE	OFAC CK BY:	OPENED BY:	OPEN DATE:	REVIEWED BY: