



# Membership Application & Agreement

## 1. To Open a Savings Account and Apply for Membership:

- Complete section 1.
- Be certain to fill in the membership eligibility portion of this section if you are qualifying through a family member.

### Joint Accounts

- If your account will have a joint owner, provide the requested information about the joint owners.

### Important Tax Information

- Read the section titled "Taxpayer Identification and Backup Withholding" and make any necessary changes.

### Minimum Membership Deposit

- Be sure to include at least \$50.00 for your minimum required for membership.
- Send your application and your deposit to the address shown below:



4600 Silver Hill Road  
Room 1K250  
Washington, D.C. 20233  
(301) 763-0287 • Fax (301) 735-8367  
(800) 343-6788

## 2. Beneficiary/Consent of Spouse

- If you would like to name a beneficiary, provide your beneficiary's information.

### Consent of Spouse

- If the beneficiary named is not your spouse, have your spouse sign this section. It is suggested that spouses of account signers give consent by signing this section.

## 3. ATM or VISA Check Card

- Please indicate if you would like to be issued an ATM or VISA Check Card.

## 4. Overdraft Protection

- If you are applying for a Checking Account, select the method of transferring funds in the event of an overdraft.

## 5. Signatures

- All account owners must sign in section 5.
- Once complete, please return your Membership Application along with the Minimum Membership Deposit and any additional funds that you would like deposited to the Credit Union.

### Credit Union Use Only

Account Type(s): \_\_\_\_\_

### 1. Membership

Primary Owner Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License/State \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Qualification For Membership: \_\_\_\_\_

Sponsoring Member's Account Number: \_\_\_\_\_

#### Joint Owner #1

Name \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License/State \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

#### Joint Owner #2

Name \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License/State \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

#### Joint Owner #3

Name \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License/State \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## 2. Beneficiary/Consent of Spouse

Beneficiary(ies) Designation

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Percentage \_\_\_\_\_

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Percentage \_\_\_\_\_

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Percentage \_\_\_\_\_

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Percentage \_\_\_\_\_

Consent of Spouse (if beneficiary is other than spouse)

Signature of Spouse \_\_\_\_\_

Date \_\_\_\_\_

### 3. ATM or VISA Check Card

You would like to access Your Account(s) with the following service(s)

☐ Primary Account Owner      ☐ Joint Owner      ☐ ATM      ☐ VISA Check Card

### 4. Overdraft Protection (if opening a Share Draft Account)

Your overdrafts will be covered by transferring funds from Your Loan/Sub Account I.D. identified below in the following order (specify priority by number). If no priority is noted, transfers will be made from Your Savings Account.

Priority	Source	Loan/Sub Account ID

### 5. Signatures

You hereby apply for membership with Census Federal 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 and/or creditworthiness. 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 Membership Application & Agreement and to the bylaws, rules and regulations of the Census Federal 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 You are now applying or subsequently apply for any credit product ("Feature Category") contained in Our Credit Line Account program with Us, You agree and understand that if approved, You are contractually liable according to the applicable terms and conditions of the Credit Line Account Agreement and Disclosure and You promise to pay all amounts charged to Your Credit Line Account according to its terms. If Your application for membership and/or for credit is a joint application, any liability created by the use of Your Account or by Your Credit Line 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 share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf (including the issuance of credit) and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Census Federal 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.**

Applicant's (Primary Owner) Signature \_\_\_\_\_

Date \_\_\_\_\_

Joint Owner #1 Signature \_\_\_\_\_

Date \_\_\_\_\_

Joint Owner #2 Signature \_\_\_\_\_

Date \_\_\_\_\_

Joint Owner #3 Signature \_\_\_\_\_

Date \_\_\_\_\_

### Additional Terms and Conditions

You hereby authorize Us to recognize any of the signatures subscribed in this Agreement, the payment of funds or the transaction of any business for the Accounts. The joint owners of the Accounts hereby agree with each other and with Us that all sums now, whenever paid into the Accounts by any or all of the joint owners to the credit of the joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge Us from any liability for such payment. Any or all of the joint owners may pledge all or any part of the shares in the Accounts as collateral security to a loan or loans. The right or authority of the Credit Union under this Agreement shall not be changed or terminated by said owners or any of them except by written notice to Us, which shall not affect transactions made prior to such notice. Checks cashed against this Account are subject to collectability from this Account if returned unpaid.

### Joint Ownership Agreement (Not Transferable)

Census Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this Account. The joint owners of the Account hereby agree with each other and with Census Federal Credit Union that all sums now deposited in share accounts, or heretofore or hereafter deposited in share accounts by any or all said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge Census Federal Credit Union from any liability for such payment. The joint owners also agree to be bound by the terms of the appropriate Account agreements and disclosures which have been provided.

### 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/Transfer 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) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code \_\_\_\_\_

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.**

#### CERTIFICATION IF AWAITING NUMBER

Under penalties of perjury, You certify: (1) that a taxpayer identification number has not been issued to You (or the minor beneficiary if the Account is established under the Uniform Gift/Transfer to Minors Act), and that You mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or You intend to mail or deliver an application in the near future); and (2) that You are not subject to backup withholding.

You understand that if You do not provide a taxpayer identification number to the Credit Union within 60 days, the Credit Union is required to withhold 28 percent of all reportable payments thereafter made to You until You provide a number.

## 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.

### Credit Union Use Only

Name (Last, First)	Account No.	Opened by/Date	Eligibility Verified
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Check I.D.	ATM Card Number	VISA Check Card Number	Membership Officer Approval
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Name (Last, First)	ID Number	Type or ID	Expiration Date
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Name (Last, First)	ID Number	Type or ID	Expiration Date
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Name (Last, First)	ID Number	Type or ID	Expiration Date
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Name (Last, First)	ID Number	Type or ID	Expiration Date
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