



FINANCIAL SERVICES BUILT FOR HARDWORKING PEOPLE

## MEMBERSHIP APPLICATION AND ACCOUNT AGREEMENT FORM

### PRIMARY MEMBER/OWNER

Member/Owner Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Account Number \_\_\_\_\_ MAC \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ MMN: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Membership Eligibility (Company) \_\_\_\_\_ / (Family Name/Account) \_\_\_\_\_

Employer Name/Address/Phone \_\_\_\_\_

*(Employer info collected for individuals applying for membership via Cat's Society or Family Member)*

### JOINT OWNER INFORMATION

Joint Owner Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Account Number \_\_\_\_\_ MAC \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ MMN: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

### JOINT OWNER INFORMATION

Joint Owner \_\_\_\_\_ Social Security Number \_\_\_\_\_

Account Number \_\_\_\_\_ MAC \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ MMN: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

### TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under the penalties of perjury, I, the **Primary Member**, certify that the Social Security Number (SSN)/ Tax Identification Number (TIN) shown is my/the correct identification number, and that I am not subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of failure to report all interest/dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and that I am a U.S. person (including a U.S. resident alien).

SSN/TIN # \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**ACCOUNT OWNERSHIP TYPE**

- Individual Ownership                       Joint Ownership with Survivorship     Trust Account – Subject to Separate Agreement  
Dated: \_\_\_\_\_
- Individual with Beneficiary               Joint with Beneficiary
- Custodian for \_\_\_\_\_ under the Indiana Uniform Transfers to Minors Act / Minor SS: \_\_\_\_\_

**BENEFICIARY INFORMATION**

Unless otherwise noted, funds remaining in the account at the time of death will be distributed equally.

Beneficiary Name	Date of Birth	S/S Number	Relationship	%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A Regular Share Savings account is required to be eligible for other accounts/services/program options available. Account types opened now or in the future are covered by this Account Agreement Form. Accounts selected, and all information indicated on this card applies to all of the accounts listed below, unless indicated on an Account Addendum Form, with equal or subsequent dates of this account card. You agree to all account terms and conditions set forth in the disclosures given to you at the time of opening your account (s).

**ACCOUNT PRODUCTS**

- Prime Share Savings**                       Standard Checking                       Free Checking with Direct Deposit
- YA Checking                                       Holiday/Vacation Club                       Certificate of Deposit - Term \_\_\_\_\_
- Money Market                                       Other \_\_\_\_\_                                       Other \_\_\_\_\_

**ACCOUNT SERVICES**

- VISA Debit Card                                       Text Alerts (Overdrafts/Late Loan Payments)\*\*
- Direct Deposit/ Payroll Deduction (Payroll Authorization Card Required)     Other \_\_\_\_\_

*\* Completion of VISA Debit Card application is required. \*\*Text message rates may apply. Check with your plan/carrier.*

**ACKNOWLEDGEMENT/AUTHORIZATION**

I/We certify that the account information on the Membership Application and Account Agreement Form is complete and true. The undersigned and the joint owners who have signed below acknowledge that they (or one of them) have reviewed and received all relevant account disclosures including the Membership Agreement, Truth In Lending, Fee Schedule, Funds Availability, Privacy Policy, Electronic Funds Act & Visa Debit Card Disclosure. I agree to abide the terms and conditions and all future revisions of these disclosures/policies. The undersigned authorizes Northern Indiana Federal Credit Union to verify credit and checking account history, including reports from credit reporting agencies.

\_\_\_\_\_  
Primary Member/Owner                                      Date

\_\_\_\_\_  
Joint Member/Owner                                      Date

\_\_\_\_\_  
Joint Member/Owner                                      Date