

Membership Application and Change of Account Form



Account# (CU Use Only) _____

New Name Change Joint Change

Important Information:

EP Federal Credit Union, like all financial institutions, is required by Federal law to obtain, verify, and record information that identifies each person that opens an account with us. When you open an account with us, we will ask you for your name, address and other information that will allow us to identify you.

If you are mailing this application, please send a copy of your unexpired government-issued picture identification with your application. We may contact you for additional information. We may also require you to submit a notarized copy of your unexpired government-issued picture identification.

Ownership of Accounts

Individual Joint Account Minor

Primary Applicant Information

| | | | | |
|--------------------------------|-------------|-----------|------------------------|-------------------------------------|
| First Name | Middle Name | Last Name | Social Security Number | Date of Birth |
| Street Address | | | City | State & Zip Code |
| Mailing Address (if different) | | | City | State & Zip Code |
| Occupation | | | Place of Birth | Driver's License # /State/Exp. Date |
| Home Phone | | | Work Phone | E-mail Address |

Membership Eligibility

| | | |
|---|---------------------|---------------------------|
| Applicant's Employer | | |
| Sponsoring Family Member Name (if applicable) | Sponsor's Account # | Relationship to Applicant |

In accordance with the USA PATRIOT Act and to ensure we maintain proper security on your account, please tell us about yourself.

Yes No

- Will you use this account as your primary savings or checking account?
If not, what is the purpose of this account? _____
- Will you send/receive money to/from anyone outside the U.S.?
If so, what foreign country does this person live? _____
- Will you deposit or withdrawal over \$5,000 in cash on a **regular** basis?
If so, how frequent will you make this transaction? _____
- Do you plan on using our online banking/bill payment services?
- Will you receive direct deposits from sources other than your payroll, retirement or government agencies?
If so, what other sources will you receive direct deposits from? _____

Joint Applicant Information

| | | |
|--|------------------------|------------------|
| Joint Applicant Name (First, Middle, Last) | Social Security Number | Date of Birth |
| Street Address | City | State & Zip Code |
| Driver's License #/State/Exp. Date | Occupation | |
| Home Phone | Work Phone | |
| Joint Applicant Name (First, Middle, Last) | Social Security Number | Date of Birth |
| Street Address | City | State & Zip Code |
| Driver's License #/State/Exp. Date | Occupation | |
| Home Phone | Work Phone | |

Joint Share Account Agreement

The **EP 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 this account hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of 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 said Credit Union from any liability for such payment.

Any or all of said joint owners may pledge all or any part of the shares in the Share Savings account 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 said Credit Union which shall not affect transactions theretofore made.

Taxpayer Identification Number Certification and Backup Withholding Information

Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and

(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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).

(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Exemptions (see Internal Revenue Service Form W-9 instructions)

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

Certification Instructions. Backup Withholding Check the box if you are subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code and cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Cross out item **3** and complete a W-8 BEN if you are a Non-Resident Alien.

Signature: _____

Date: _____

| Account Type | Account Services |
|--|--|
| Share Savings Account (\$10.00 membership share deposit) Required Share Draft Checking Account Money Maker (Money Market) (\$1000.00 minimum deposit) uChoose Account (\$5.00 minimum deposit) | Online Banking E-statements Mastercard Debit Card Mastercard Debit Card (Joint) |

Overdraft Privilege

I want EP Federal CU to authorize and pay overdrafts on my ATM and everyday debit card transactions. **(Please complete Opt-In Overdraft Privilege Form)**

I do not want EP Federal CU to authorize and pay overdraft on my ATM and everyday debit card transactions.

Signatures

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings disclosures, Bylaws, Funds Availability Policy and to any amendments the Credit Union adopts from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. I/We agree that the Credit Union can use any credit reporting or otherwise to verify the information on this application for the purposes of extending services. I/We agree that the Credit Union can tell others about its experience with me/us and obtain information from others about my/our credit history and performance. If requested, the Credit Union will tell me/us the name and address of any reporting agency from which it received a credit report on me/us. I further certify that I/we are eligible for EP FCU's field of membership. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfers Agreement and disclosures. I/we further agree that if I/we use EP FCU's Online Service to enroll in Bill Payer, I/we are also fully responsible for all payments from my/our checking account. This agreement supersedes any previous account agreements. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X

Primary Member Signature

Date

X

Joint Member Signature

Date

X

Joint Member Signature

Date

For Credit Union Use Only

| | | | |
|------------------------------------|------------------------|--------------------|--------------|
| Date of New Account | Opened by | | |
| Teller # | Risk Rating # | | |
| new account note | card ordered | checks ordered | e-statements |
| adverse action (if applicable) | membership eligibility | membership deposit | OP opt-in |
| Membership Officer/Quality Control | | | |