

# Membership Application

# \_\_\_\_\_

## Member Account Information

A.

LAST NAME	FIRST	MI	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE
MAILING ADDRESS	CITY	STATE	ZIP	WORK PHONE
EMPLOYER NAME	ADDRESS	EMAIL ADDRESS		

## Check all accounts you wish to open – then sign and date application

A minimum opening deposit to the S1 account of \$25.00 is required.

- Savings - S1
  Christmas Club - S20  
 Checking - S10 MICR # \_\_\_\_\_
  All-Purpose Club - S30  
 ATM/VISA® Check Card
  Other \_\_\_\_\_

SPECIFY

We/I hereby make application for membership in the TruChoice Federal Credit Union and agree to conform to its bylaws and amendments there-to and subscribe for at least one share. To verify our/my eligibility for any account(s), service(s), or loan product(s), now and in the future; or as needed to comply with any applicable law, regulation or governmental agency requirements, we/I authorize TruChoice to make inquiry to determine our/my employment history and to obtain information concerning any accounts with other institutions and our/my credit history, including consumer credit reports. We/I agree this authority applies to any account, account-related service, loans or other financial products we/I request or which TruChoice may offer or make available to us/me. We/I acknowledge receipt of credit union disclosures. We/I understand that a Rate and Fee schedule will be mailed within twenty (20) days if not received at the time of account opening. We/I certify that all information provided is correct.

Joint Owner(s): *(Please Print)* \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

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 allows us to identify you. We may also ask to see your driver's license or other identifying documents.

## Member Verification

Fill out the Member Verification Card below, including Joint Information, if applicable. Make sure to check all account boxes for which you authorize joint usage. Sign and keep a small Member Identification Card.

### Member Verification Card

# \_\_\_\_\_

#### MEMBER

LAST NAME	FIRST	MI	DATE
SIGNATURE			
SOCIAL SECURITY NUMBER	DATE OF BIRTH		

#### 1ST JOINT OWNER

LAST NAME	FIRST	MI	DATE	<b>CHECK ALL THAT APPLY</b>
SIGNATURE				
SOCIAL SECURITY NUMBER	DATE OF BIRTH			<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S10 <input type="checkbox"/> S20 <input type="checkbox"/> S30 <input type="checkbox"/> S50

#### 2ND JOINT OWNER

LAST NAME	FIRST	MI	DATE	<b>CHECK ALL THAT APPLY</b>
SIGNATURE				
SOCIAL SECURITY NUMBER	DATE OF BIRTH			<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S10 <input type="checkbox"/> S20 <input type="checkbox"/> S30 <input type="checkbox"/> S50

Please present this card when you conduct business at the credit union to help us serve you better.



MEMBER NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

MEMBER SIGNATURE \_\_\_\_\_

Please present this card when you conduct business at the credit union to help us serve you better.



MEMBER NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

MEMBER SIGNATURE \_\_\_\_\_

**Authorized Signatures:**

A. Member's Signature	Date
1st Joint Owner's Signature	Date
2nd Joint Owner's Signature	Date

Approved by FSR	Date Approved
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Account Ownership (Applicable if "Joint Account Owner(s)" Designation on Reverse Side): The owners intend to and hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.

- A.  Driver's License.  Other: \_\_\_\_\_ (Document Name/ID #) Credit Score \_\_\_\_\_
1.  Driver's License.  Other: \_\_\_\_\_ (Document Name/ID #) Credit Score \_\_\_\_\_
2.  Driver's License.  Other: \_\_\_\_\_ (Document Name/ID #) Credit Score \_\_\_\_\_

**Important Tax Information**

*Please sign and date this section after you have read the Important Tax Information.*

You (as the payee) are required by law to provide us (as Payor) with your correct taxpayer identification number. If you are an individual, your taxpayer identification number is your social security number. If you have not provided us with your correct taxpayer identification number, you may be subject to a \$500 penalty imposed by the Internal Revenue Service. In addition, interest, dividends, and other payments that we make to you may be subject to backup withholding.

Backup withholding is different from the 10% withholding on interest and dividends that was repealed in 1983. If backup withholding applies, a payor is required to withhold 31% of interest, dividends, and other payments made to you. Backup withholding is not an additional tax. Rather, if the tax liability of persons subject to backup withholding results in an overpayment of taxes, a refund may be obtained.

**Before you can join the Credit Union you must complete the Tax ID Number Certification Notice in the next column.**

**TAX CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

**Under penalty 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 US person (including a US resident alien).**

**Instructions**

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 not a US person.

MEMBER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**OFFICES**

272 Park Avenue  
Portland, ME 04104  
**hours** Monday–Friday 8:30 A.M.–5:00 P.M.  
**drive-thru** Monday–Friday 7:30 A.M.–5:00 P.M.  
**phone** 207-772-0808  
**toll free** 800-639-5550  
**fax** 207-772-5684

Intersection of Routes 202/4 and 22  
Buxton, ME 04093  
**hours** Monday–Friday 8:00 A.M.–4:00 P.M.  
**drive-thru** Monday–Friday 7:30 A.M.–4:00 P.M.  
**phone** 207-929-6000  
**toll free** 800-639-5550  
**fax** 207-929-6194

**SERVICE CENTERS**

Mercy Hospital  
**hours** Friday 7:00 A.M.–3:30 P.M.  
**phone** 207-879-3399

UnumProvident  
**hours** Monday–Friday 8:00 A.M.–4:00 P.M.  
**phone** 207-575-2326  
[www.trufcu.com](http://www.trufcu.com)

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*If you have any questions, call the Member Services Department for assistance. We're glad to have you as a member!*



**Where members and money click™**

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