



RTP Federal Credit Union
Life is full of possibilities. Get your share.

RTP Federal Credit Union
P.O. Box 12807, RTP, NC 27709
(919) 941-5700

Membership Application

To apply for membership, complete this application and bring it to any RTP Federal Credit Union branch location with: **1) your valid driver's license or passport, 2) verification of employment or association membership (if applicable) and 3) an initial minimum deposit of \$25** (checks payable to RTP Federal Credit Union). You may also submit your application by mail to RTP Federal Credit Union, P.O. Box 12807, RTP, NC 27709. We require notarized signature(s) on all applications returned by mail, and you must include a photocopy of your driver's license/passport. Please do not mail cash.

Please fill out this form in its entirety. If you are unsure how to fill out this form, please call RTP Federal Credit Union at (919) 941-5700. Returning incorrect, incomplete or unsigned forms will delay the processing of your request.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner: _____	Member Number: _____ (Credit Union will assign)
Street: _____	SSN/TIN: _____
City/State/Zip: _____	DL #: _____ State _____ Exp. _____
Home Phone: _____	Date of Birth: _____
Work Phone: _____	Employment: _____
Cell Phone: _____	Email: _____
Eligibility for Membership: _____	Secure Word: _____

IMPORTANT INFORMATION ABOUT PROCEDURES 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 does this mean to 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. If we are unable to verify your identity, the account will not be opened. **We may report information about your account to credit bureaus.** Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested:

Single Party Joint (G.S. 54-109.58): We Do Do Not elect to create the right of survivorship on this account.

We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: 1) RTP Federal Credit Union may pay the money in the account to, or on the order of, any person named in the account and 2) If we elect to create the right of survivorship in the account, that upon the death of one joint owner the money remaining in the account will belong to the surviving joint owner(s) and will not pass by inheritance to heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

Joint Owner #1: _____	SSN/TIN: _____
Street: _____	DL #: _____ State _____ Exp. _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: _____	Email: _____
Work Phone: _____	Cell Phone: _____
Joint Owner #2: _____	SSN/TIN: _____
Street: _____	DL #: _____ State _____ Exp. _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: _____	Email: _____
Work Phone: _____	Cell Phone: _____

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

<input type="checkbox"/> Share/Savings _____ Suffix: _____	<input type="checkbox"/> Triangle Teens Share Draft _____ Suffix: _____	<input type="checkbox"/> Vacation Club _____ Suffix: _____
<input type="checkbox"/> Share Draft/Checking _____	<input type="checkbox"/> Triangle Teens Share _____	<input type="checkbox"/> Christmas Club _____
<input type="checkbox"/> Share Certificate _____	<input type="checkbox"/> Triangle Kids Share _____	<input type="checkbox"/> Money Fund _____

ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit _____	<input type="checkbox"/> ATM Card _____
<input type="checkbox"/> Overdraft Protection (indicate transfer priority below): _____	<input type="checkbox"/> Debit Card _____
<input type="checkbox"/> Home Banking _____	<input type="checkbox"/> Touch Tone Teller _____
	<input type="checkbox"/> Other _____

ACCOUNT DESIGNATIONS

Payable on Death (POD): All accounts Designate specific account(s): _____

If you're naming only one beneficiary, put 100% in the space provided. If you're naming more than one beneficiary, please indicate what percentage each is to receive. The total must equal 100%.

Beneficiary/POD Payee: _____ %

SS # _____ DOB _____

Street: _____

City/State/Zip: _____

Beneficiary/POD Payee: _____ %

Street: _____

City/State/Zip: _____

Beneficiary/POD Payee: _____ %

SS # _____ DOB _____

Street: _____

City/State/Zip: _____

Beneficiary/POD Payee: _____ %

Street: _____

City/State/Zip: _____

Personal Agent Account. (G.S. 54-109.63) I understand that by establishing a personal agency account under the provisions of N.C.G.S. 54-109.63 that the agent named in the account may 1) sign checks drawn on the account; and 2) make deposits into the account. I also understand that upon my death, the money remaining in the account will be controlled by my will or inherited by my heirs.

Print Name of Agent: _____

SS # _____ DOB _____

Signature: _____ Date: _____

All Accounts Designate specific account(s): _____

UTTMA/UGMA (as custodian for): _____ (minor)

under the Uniform Transfers/Gifts to Minors Act)

Minor's TIN/SSN: _____

Custodian Name: _____

Successor to Custodian: _____

TIN 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,*

(2) *I am not subject to backup withholding because: (a) I am exempt from 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).*

Certification 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 U.S. person.

AUTHORIZATION

By signing below, you agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the credit union makes from time to time. You acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested. If an access card or EFT service is requested and provided, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You also agree: (a) that the credit union may obtain your credit report for the purposes of verifying the information on this Account Card, determining your eligibility for the account, credit or service(s) noted on this Account Card and identifying additional credit union products and services to offer to you; (b) that the credit union may obtain your credit report at a later time for the purposes of reviewing and collecting on the account, credit or service(s) noted on this Account Card; (c) that the credit union may tell others about its credit experience with you and obtain information from others about your credit history and performance. 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 _____
Signature Date

X _____
Signature (Joint Owner/If Applicable) Date

X _____
Signature (Joint Owner/If Applicable) Date

* If you open an account by mail, you are required to have your signature notarized.

THIS SECTION - CREDIT UNION USE ONLY

Date of Membership: _____ OFAC Check: _____ Opened/Approved by: _____ Member Verification: _____

Verified by: _____ Date: _____

Touch Tone Teller Pin #: _____ Home Banking Account #: _____

VISA Check Card #: _____ Approved Denied Reason: _____

ATM Card #: _____ Approved Denied Reason: _____

ChexSystems Record: Yes No If Yes, manager's approval: _____