



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.

**Check One:**

- US Citizen
- Resident Alien
- Non-Resident Alien

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

**Member/Owner:** \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Eligibility for Membership: \_\_\_\_\_

Member Number: \_\_\_\_\_ (Credit Union will assign)  
 SSN/TIN: \_\_\_\_\_  
 DL #: \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Employment: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 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:

- Individual     Joint Account with Rights of Survivorship

Joint Accounts have Rights of Survivorship unless you provide us with written directions not to elect rights of survivorship on the account(s). Upon the death of one joint owner, the surviving owner(s) will have equal rights of ownership. The balance in the account(s), excluding IRA Accounts, belongs to the surviving joint owner(s). If a survivorship option has not been indicated here, your accounts will be designated as Joint with Survivorship.

**Joint Owner #1:** \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_  
 DL #: \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

**Joint Owner #2:** \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_  
 DL #: \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 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"/> Vacation Club _____     | Suffix: _____ | <input type="checkbox"/> Triangle Teens Share _____       | Suffix: _____ |
| <input type="checkbox"/> Basic Checking/Share Draft _____    |               | <input type="checkbox"/> Christmas Club _____    |               | <input type="checkbox"/> Triangle Teens Share Draft _____ |               |
| <input type="checkbox"/> Interest Checking/Share Draft _____ |               | <input type="checkbox"/> Share Certificate _____ |               | <input type="checkbox"/> Triangle Kids Share _____        |               |
| <input type="checkbox"/> Money Fund _____                    |               | <input type="checkbox"/> Other _____             |               |   |               |

## ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit \_\_\_\_\_
- Overdraft Protection (indicate transfer priority below):  
 \_\_\_\_\_
- Home Banking \_\_\_\_\_
- Debit Card \_\_\_\_\_
- Touch Tone Teller \_\_\_\_\_
- Other \_\_\_\_\_

## ACCOUNT DESIGNATIONS

**Payable on Death (POD):**  All accounts  Designate specific account(s): \_\_\_\_\_

If you would like to establish your account as a Payable-on-Death Account and you would like to designate beneficiary(ies), please fill in the appropriate section(s) below. The account owner(s) reserve the right to change or revoke this designation at any time. 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:** \_\_\_\_\_ %

SS # \_\_\_\_\_ DOB \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Beneficiary/POD Payee:** \_\_\_\_\_ %

SS # \_\_\_\_\_ DOB \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Beneficiary/POD Payee:** \_\_\_\_\_ %

SS # \_\_\_\_\_ DOB \_\_\_\_\_

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: \_\_\_\_\_ Minor's DOB: \_\_\_\_\_

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.

## MEMBERSHIP APPLICATION AGREEMENT

Applicants certify the signature(s) on this card apply to all accounts designated above; and all information provided is true and correct. By signing below, you acknowledge receipt and agree to be bound by any terms and conditions of the following: Membership Application, Terms and Conditions of Your Account, Truth-in-Savings, Common Features and Fees, Funds Availability Policy, and to any other separate account/service applications or agreements as amended from time to time. If an access card or electronic 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. Joint owners are equally responsible, jointly and individually, for complying with all terms of all agreements and policies of RTP FCU. If a joint owner is indicated, all accounts established under this membership, except IRA Accounts, will be a Joint Account with Right of Survivorship unless you provide us with written directions not to elect rights of survivorship on the account(s). Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the credit union, including fees, charges, loans and credit cards that I have with you, unless otherwise disclosed in the Terms and Conditions of Your Account disclosure.

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: \_\_\_\_\_