

FRANKLIN REGIONAL SCHOOLS FEDERAL CREDIT UNION

4068 Bushy Run Rd, JEANNETTE PA 15644
724-523-9448

Return this form to the Credit Union along with a check for at least \$5.25 made payable to the Franklin Reg. Schls. Credit Union. Print N/A in any space that does not apply.

Social Security No. _____
Name: _____ Building/Employer: _____
Date Employed: _____ Home Phone Number: _____
Position: _____ Place of Birth: _____ Birth Date: _____
Home Address: _____
Wife's first and maiden name or husband's full name: _____
Mother's maiden name: _____

{If not currently employed at Franklin Regional, Name of current member _____
who is my [] parent/ [] spouse and is currently a member of this credit union with account # _____.}

(INSTRUCTIONS: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received notice from the IRS that the backup withholding has terminated, you must strike out the language in clause #2.)

UNDER PENALTIES OF PERJURY, I certify (1) that the numbers shown on this form are correct taxpayer identification numbers and (2) that I (we) are not subject to backup withholding either because I (we) have not been notified that I (we) am/are subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified I (we) that I (we) am/are no longer subject to backup withholding and I am a U.S. person (including a U.S. resident alien). I hereby make application for membership in this credit union, and agree to conform to its bylaws and amendments thereof, copies of which are available in the credit union office, and to subscribe for at least one (1) share.

I AM A US CITIZEN AND HAVE ATTACHED A **PHOTOCOPY OF MY DRIVER'S LICENSE.**

I AM A RESIDENT ALIEN AND HAVE ATTACHED PHOTOCOPIES OF MY PASSPORT AND VISA.

“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. Identity verification also helps to protect you and us from identity fraud.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will ask to photocopy your driver's license, photograph or other identifying documents.”

SIGNATURE: _____ **DATE:** _____

CONTINUED ON BACK

Complete this next section ONLY if you wish this to be a "Joint Account."

The Franklin Regional Schools Federal Credit Union is hereby authorized to recognize any of the signatures 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 accumulation 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. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from this credit union. 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.

**The first name is the primary name on the account (must be the member listed above.)
SOCIAL SEC. NO. SIGNATURE (JOINT OWNERS) PRINT NAME DATE OF BIRTH**

**PAYROLL DEDUCTION
IF
CURRENT EMPLOYEE**

I hereby authorize this credit union to begin deducting \$ _____ from my semimonthly pay for a total of \$ _____/month.

SIGNATURE: _____

**PAYROLL DEDUCTION TRANSFER
IF
SPOUSE OR CHILD OF CURRENT EMPLOYEE**

I hereby authorize this credit union to begin deducting \$ _____ from my semimonthly pay for a total of \$ _____/month and deposit it into the "related" account described above.

SIGNATURE: _____

For credit union use only:

CREDIT UNION OFFICIAL ACCEPTING THIS APPLICATION: _____

(_____) CIP Check (_____) OFAC Check