

MEMBERSHIP APPLICATION



Financial Freedom **for ALL.**

To apply for membership with Democracy Federal Credit Union, please complete this application and return it to the credit union along with an initial deposit of \$5.00 and a \$10.00 membership fee, as noted in the *Share Account Agreement and Disclosure*, and a copy of one form of identification.

PRIMARY MEMBER INFORMATION

ACCOUNT NUMBER: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

I.D./License Number: _____ Social Security Number/TIN: _____

Mother's Maiden Name: _____ Email Address: _____

Employer Agency: _____ Position/Title: _____

How did you hear about Democracy FCU? _____

Please check the products and services that you desire:

SAVINGS: Share Savings Kasasa Saver Youth Savings Holiday Savings Vacation Savings Money Management

CHECKING: Kasasa Cash Kasasa Cash Back Checking

CERTIFICATES: Share Certificate Youth Certificate

CARD ACCESS: Debit Card for Primary Member Debit Card for Joint Member

ELECTRONIC SERVICE ACCESS: Electronic Statements Online Banking Phone Banking

OTHER: Overdraft Transfer Protection from Share Savings

JOINT OWNER INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

I.D./License Number: _____ Social Security Number/TIN: _____

Mother's Maiden Name: _____ Email Address: _____

Employer Agency: _____ Position/Title: _____

ACKNOWLEDGEMENT & AGREEMENT

By signing below, I certify, in accordance with the IRS W-9 instructions provided by Democracy FCU and under penalties of perjury, that the Social Security Number (SSN) taxpayer identification number (TIN) shown is my/the correct identification number. Below I have designated my tax withholding status.

- I am not subject to backup withholding as a result of a failure to report all dividends of interest, or because the IRS has notified me that I am no longer subject to backup withholding.
- I am subject to backup withholding Exempt I am not a United States Citizen (*complete W-8*)

I hereby authorize Democracy FCU to open a Share Savings Account for me. By signing below, I agree to the terms and conditions of the Share Savings account and other account agreements for services, in addition to the terms and conditions of Truth-in-Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure and any amendments Democracy FCU may make from time-to-time that are incorporated in the Agreement & Disclosure Package. By signing below, I give Democracy FCU permission to determine my credit worthiness for this account and authorize the Credit Union to obtain a copy of my credit file. If approved, I may have to complete an application prior to accessing the Share Draft Overdraft Protection Line. When applicable, I authorize Democracy FCU to make use of the email addresses listed on the front of the Combined Application. I acknowledge receipt of a copy of the agreements and disclosures applicable to the account and services requested on the reverse side. The Internal Revenue Service does not require you consent to any provision of this document other than the certifications to avoid backup withholding.

PRIMARY MEMBER SIGNATURE: _____ **DATE:** _____

JOINT MEMBER SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

MEMBERSHIP REQUEST: Approved Denied With Exception

Membership Officer: _____ Date: _____