

**INTERNAL REVENUE FEDERAL CREDIT UNION
MEMBERSHIP APPLICATION**

Member #: _____

Copy of all applicant's Driver's Licenses, Verification of Social Security # and \$30 Check Required to Complete Application

Member/Owner: _____ Driver's Lic. #: _____
(Last) (First) (M.I.)

Social Security #: _____ Date of Birth: _____

Physical Address: _____
(Street) (City) (State) (Zip)

Phone #: _____
(Home) (Work) (Cell)

Email: _____ Mother's Maiden Name: _____

Employer: _____

Membership Eligibility: _____
(Select Employee Group Name, LA/SPCA, or Name of Relative Member)

JOINT ACCOUNT AGREEMENT (Joint with Access to the Account after Death of one or more Parties)

Joint Owner Name: _____ Social Security #: _____

Social Security #: _____ Date of Birth: _____

Physical Address: _____
(Street) (City) (State) (Zip)

Phone #: _____
(Home) (Work) (Cell)

Joint Owner Name: _____ Social Security #: _____

Social Security #: _____ Date of Birth: _____

Physical Address: _____
(Street) (City) (State) (Zip)

Phone #: _____
(Home) (Work) (Cell)

ACCOUNT FOR MINORS (if applicable)

Minor's Name: _____ ("Minor" as defined by the
Uniform Transfers to Minors Act)

Minor's Social Security #: _____ Minor's Date of Birth: _____

Name of Custodian: _____

Signature of Custodian: _____ Date: _____

SOCIAL SECURITY NUMBER (SSN) AND BACKUP WITHHOLDING CERTIFICATION

I certify, under penalties of perjury, that the Social Security Number (SSN) shown on this form is my correct identification number and that I am NOT, unless designated below, subject to backup withholding as a result of failure to report all dividends or interest or because the IRS has notified me that I am no longer subject to backup withholding.

- I am a United States person (including a U.S. resident alien)
- I am subject to backup withholding
- I am not a United States citizen or resident (complete W-8)
- Exempt

AUTHORIZATION AND SSN CERTIFICATION

By signing below, you authorize us to check your account, verify eligibility and employment history, and obtain a credit report from third parties, including credit reporting agencies to verify your eligibility for any products or service. I/We pledge all savings against delinquent loans or unpaid fees that may be incurred. I/We agree to the terms and conditions of the Membership and all Account Agreements, Truth-In-Savings Rate and Fee Schedule, Funds Availability Policy and to any amendment the credit union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested. If an ATM/Debit card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

_____ Primary Account Owner Signature	_____ Date
_____ Joint Owner Signature	_____ Date
_____ Joint Owner Signature	_____ Date
_____ Joint Owner Signature	_____ Date

FOR CREDIT UNION USE ONLY

Date of Membership: _____ Opened By: _____
Authorized By: _____ Date: _____
(Board Member)
Verified By: _____ Idology: _____ Telecheck: _____
Verified Employment: _____
Relative Member Letter Attached: _____