

IFF Employees Federal Credit Union

600 Rt. 36 Hazlet, NJ 07730

ACCOUNT CARD

Member No: _____

Member Application and Ownership Information

Name: _____

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

Individual Joint Account with Survivorship

Street _____ SSN/TIN _____

City/State/Zip _____ Driver's License No. _____

Home Phone _____ Date of Birth _____

Work Phone _____ Membership Eligibility _____

E-mail _____ Employer _____

Account Ownership

Name: _____

Street _____ SSN/TIN _____

City/State/Zip _____ Driver's License No. _____

Home Phone _____ Date of Birth _____

Work Phone _____ E-mail _____

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 unless the credit union is notified in writing of a change.

Share/Savings _____ Money Market _____ Share Draft/Checking _____ Other _____

The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

Account Beneficiary (ies)

Name: _____

Date of Birth _____ SSN/TIN _____

Name: _____

Date of Birth _____ SSN/TIN _____

Account Services

- Overdraft Protect:
- From Savings to Checking's
 - Courtesy Pay
 - No Overdraft Protection

Debit/ATM Card

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 backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back 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, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/We have received and read the Agreement and Disclosures applicable to the accounts and services requested herein. If an access 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.**

Statutory Lien

If you are in default on a financial obligation owed to the Credit Union, NCUA rules and Regulations 701.39 gives us the right to apply the balance of any share and dividends in your account at the time of default to satisfy that obligation. Once you are in default, we may exercise this right without further notice to you.

X _____
Signature _____ Date _____

X _____
Signature _____ Date _____

For Credit Union Use ONLY

Date of Membership _____ Opened by _____ OFAC _____ Ordered Debit/ATM Card _____
Ordered Checks _____ I.D. _____ Trailer11 _____ Trailer15 _____ MIRC # REC _____ Payroll Cross Ref _____