



# PART 1 INDIVIDUAL MEMBERSHIP APPLICATION

Please complete the following application, and return with a \$5 deposit (to open your new savings account) to:  
**Nutmeg State Federal Credit Union, P.O. Box 66, Rocky Hill, CT 06067-0066**  
*Make checks payable to Nutmeg State Federal Credit Union.*

PLACE A CHECK HERE IF YOU WOULD LIKE TO OPEN A **CHECKING ACCOUNT** AT THIS TIME.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ EXP DATE \_\_\_\_\_ *Please include a copy of your license.*

BENEFICIARY \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**REASON FOR ELIGIBILITY**  RELATIVE OF \_\_\_\_\_ WITHIN THE FIELD OF MEMBERSHIP (PERSON'S NAME)

DRIVERS LICENSE OBTAINED \_\_\_\_\_ ISSUING STATE \_\_\_\_\_  COUNTY AFFILIATION \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

Under penalty of perjury, I certify (1) that the Social Security number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified of backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

I (we) hereby make application for membership with Nutmeg State Federal Credit Union (NSFCU) and agree to its bylaws, rules, regulations, and amendments thereof and subscribe for at least one share. I (we) authorize NSFCU to recognize all persons whose signatures subscribed hereto in the payment of funds or the transaction of any business for this account appear below as having equal rights to make deposits and withdrawals and equal rights of survivorship.

I (we) authorize NSFCU to investigate my/our credit worthiness, credit history, and financial responsibility through any credit bureau, including direct contact with past and present creditors and employers for the purpose of approving this application and in connection with the renewal and continuation of the credit account for which I/we am/are applying.

MEMBER / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I AM ALSO INTERESTED IN SIGNING UP FOR **e-BANKING** AND **VOICELINE**  
A PIN will automatically be assigned and mailed to you. Upon signing on for the first time, you will be prompted to change your PIN.

**If you would like to take advantage of the Nutmeg State Federal Credit Union services listed below, please check the desired box and we will send you more information.**

FREE ATM/Debit Card     FREE Direct Deposit     VISA® Credit Card

## PART 2 - JOINT/GUARDIAN(S) APPLICATION

JOINT OWNER/GUARDIAN FIRST NAME, M.I., LAST NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ EXP DATE \_\_\_\_\_ *(Please include a copy of your license.)* DATE OF BIRTH \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Nutmeg State Federal Credit Union is hereby authorized to recognize any of the signatures subscribed 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 with all accumulations thereon, together with the proceeds of any insurance payable to said account, are and shall be owned by them jointly, with right of survivorship, and be subject to the withdrawal of receipt of any of them, and payment to any of them or the survivors shall be valid and discharge said Credit Union from any liability for such payment. Any or all said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. 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.

By signing below, each of the signers acknowledge receipt of and agree to the Terms and Conditions of Your Account Disclosure, Funds Availability Policy Disclosure, and Electronic Fund Transfers Disclosure.

JOINT OWNER/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY** - This application approved on: Date: \_\_\_\_\_ By: \_\_\_\_\_