

# NUTMEG STATE FEDERAL CREDIT UNION - MEMBERSHIP APPLICATION

All of the terms, conditions, form of account ownership, account choice and other information indicated on this card apply to all of the accounts listed unless Nutmeg State Federal Credit Union is notified in writing of a change.

**Please check the box for each service you would like to enroll in:**

Share/Savings  Share Draft/Checking  ATM/Debit Card  Money Market  Share Certificate/Certificate  Other: \_\_\_\_\_

e-Banking and Voiceline.

**A pin will automatically be assigned and mailed to you. You will be prompted to change it upon the first use of either system.**

## Member Application and Ownership Information

Please complete the following application, and return with a \$5.00 deposit to open your new savings account. Make checks payable to Nutmeg State Federal Credit Union.

Please enclose a clear copy of all Owners and Joint Owners form of a valid government issued picture ID. Examples: Drivers license, Passport, School ID.

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 Direct Deposit  VISA® Credit Card  Mortgages  Auto Loans  Financial Planning  Insurance

### MEMBER/OWNER APPLICATION

LAST NAME FIRST NAME MIDDLE INITIAL

STREET

CITY/STATE/ZIP

HOME PHONE  Listed  Unlisted WORK PHONE

SSN/TIN DATE OF BIRTH

DRIVER'S LICENSE NO. STATE DATE ISSUED EXP DATE

**PLEASE INCLUDE COPY**

E-MAIL

BENEFICIARY/POD PAYEE

STREET

CITY/STATE/ZIP

**REASON FOR ELIGIBILITY:** COUNTY AFFILIATION OR RELATIVE OF CURRENT MEMBER. PLEASE SPECIFY FOR EITHER.

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/OWNER SIGNATURE DATE

### JOINT/GUARDIAN(S) APPLICATION

LAST NAME FIRST NAME MIDDLE INITIAL

STREET

CITY/STATE/ZIP

HOME PHONE WORK PHONE

SSN/TIN DATE OF BIRTH

DRIVER'S LICENSE NO. STATE DATE ISSUED EXP DATE

**PLEASE INCLUDE COPY**

E-MAIL

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



Please return this application with copy of photo ID and your first deposit.

**MAIL APPLICATION TO OR DROP AT ANY OF OUR LOCATIONS:**

- 521 CROMWELL AVENUE, PO Box 66, **ROCKY HILL**, 06067
- 270 BROAD STREET, **MANCHESTER**, 06040
- 995 WEST MAIN STREET, **NEW BRITAIN**, 06053
- 137 PROSPECT HILL ROAD, PO Box 418, **EAST WINDSOR**, 06088
- 1 AMERICAN ROW, **HARTFORD**, 06103
- 81 HOUSE STREET, PO Box 432, **GLASTONBURY**, 06033

**For Credit Union Use Only** Card \_\_\_\_ of \_\_\_\_ Date of Membership: \_\_\_\_

Opened/Approved by: \_\_\_\_ Oper #: \_\_\_\_

- Credit Report  Check Systems completed  OFAC completed
- Copy of ID  BSA completed  Audio Response PC  Access/Internet Banking