



NY TEAM Federal Credit Union
 65 Broadway
 Hicksville, NY 11801
 (516) 822-1070
 Fax: (516) 822-2478

Membership Account Application

www.nyteamfcu.org

Account #: _____

Membership Account Application

I hereby make application for membership in the NY TEAM Federal Credit Union and agree to conform to its bylaws and amendments thereof and subscribe for at least one share.

NY TEAM Federal Credit Union is hereby authorized to recognize any of the signatures on this agreement 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 NY TEAM FCU that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon are and shall be owned by them jointly, with right of survivorship, and to be subjected to the withdrawal or receipt of any of them and payment to any of them or survivor or survivors shall be valid and discharge NY TEAM FCU for any liability for such payment.

Any or all of said joint owners may pledge all or any of the shares in this account as collateral security to a loan or loans from NY TEAM FCU. The right or authority of NY TEAM FCU under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to NY TEAM FCU which shall not affect transactions theretofore made.

Primary Owner Applicant:

First Name: _____
 Last Name: _____
 Social Security Number: _____
 Home Phone: _____
 Cell Phone: _____
 Driver License ID#: _____
 Driver License State: _____

Middle Name: _____
 Birthday: _____
 Mother's Maiden Name: _____
 Work Phone: _____ Ext.: _____
 Email: _____
 Employer: _____

Home Address (*Physical Street Address)

Address 1: _____
 Address 2: _____
 City, State, Zip: _____

Mailing Address (If Different)

Address 1: _____
 Address 2: _____
 City, State, Zip: _____

Joint Owner Applicant:

First Name: _____
 Last Name: _____
 Social Security Number: _____
 Home Phone: _____
 Other Phone: _____
 Driver License ID#: _____
 Driver License State: _____

Middle Name: _____
 Birthday: _____
 Mother's Maiden Name: _____
 Work Phone: _____
 Email: _____
 Employer: _____

Home Address (*Physical Street Address)

Address 1: _____
 Address 2: _____
 City, State, Zip: _____

Mailing Address (If Different)

Address 1: _____
 Address 2: _____
 City, State, Zip: _____

**Physical Address is Required*

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BACKUP WITHHOLDING CERTIFICATION - CHECK BOX (A) IF ONLY IF TRUE OR (B) BELOW:

(A) By signing below, I (name) _____ certify under penalties of perjury that (1) the taxpayer identification number (TIN) shown above is my correct TIN and I am not subject to backup withholding either because (A) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as result of a failure to report all interest or dividends or (B) the IRS has notified me that I am no longer subject to backup withholding.

(B) A separate W-9 has been completed or (W-8 in the case of a non-resident alien). The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Account Designation:

If there is no joint applicant please designate a beneficiary. You hereby designate he/she to be entitled to all shares in said account upon your death. Please keep this information updated.

First Name: _____

Street Address: _____

Last Name: _____

City, State, Zip: _____

Membership Eligibility:

I am eligible to membership through: Employer Family Member

Employer/Family Member Name: _____

Please check the following accounts to open under my membership:

Share Account: Is required for all NY TEAM FCU members. A continuous \$25.00 balance is required.

Initial Deposit of : _____

Draft Account: No minimum balance is required.

Initial Deposit of : _____

Yes, I would like to receive my first free box of checks at the address below:

No, at this time I would not like to receive a box of checks.

We hereby authorize the NY TEAM Federal Credit Union to establish an account for me/us to be known as a "Share Draft Account." The Credit Union is authorized to pay share drafts signed by anyone whose signature appears on this agreement and to charge the payments against the Share Draft Account. I/We acknowledge receipt of my/our copy of the Share Draft agreement and notice of terms. Overdrafts will automatically be compensated by transfer from my/our regular NY TEAM share savings account or paid by our standard overdraft called Courtesy Pay, view our Overdraft Courtesy Pay Notice & Request Form.

Vacation Club Account: is a continuous club account. This is an dividend bearing account and a great way to save for the vacation you have been waiting for. You are permitted one withdrawal, per calendar year, for the full amount of the club, at no charge. Subsequent withdrawals may be made subject to standard fees, as stated in the current fee brochure.

Initial Deposit of : _____

Please deduct each pay period from my share account \$ _____

Holiday Club Account: earn dividends and is a convenient way to save so you can purchase all those special gifts for the ones you love. Holiday Club deposits begin approximately the third week of October on your designated payday. Holiday Clubs will be renewed automatically each year. Subsequent withdrawals may be made subject to standard fees, as stated in the current fee brochure.

Initial Deposit of : _____

Please deduct each pay period from my share account \$ _____

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Please send me additional information on:

Deposit Services

- Special Teller Audio Response
- Home Banking
- Direct Deposit
- Debit Card
- IRA
- Share Certificate

Loan Services

- NY TEAM FCU MasterCard Application
- Auto Loans
- Motorcycle Loans
- Real Estate Loans
- Loan Rates
- Personal Loan

Authorization

To ensure your membership is opened, be sure to have enclosed:

1. a signed and completed Membership Application
2. signature(s) notarized on application
3. a photocopy of your work identification card
4. a photocopy of each applicants Driver's License or DMV ID Card.
5. a minimum deposit of \$25.00 for your share account.

Mail Application to:

NY TEAM Federal Credit Union
65 Broadway
Hicksville, NY 11801

*We will not accept a faxed copy, we require original application to began membership.
This application can be mailed, dropped off at one of our branches or faxed.*

Primary Signature

Date

Joint Signature

Date

Notary's Commission:

This application approved by the Board of Directors/ Membership Officer.

Date: _____ Signed by _____
Membership Officer/Secretary

Dated Opened: _____ Office: _____ Teller: _____

If you have any additional comments or concerns please contact us directly at (516) 822-1070.