

Membership Application

Please complete the application below for new membership. An initial deposit of \$5 is required to open your account.

Type of Account

Individual Joint Minor Trust

Account # _____

Referred by: _____

Applicant

Name

SSN/TIN

Date of Birth

Driver's Lic. #/State/Issue Date/Exp.

Additional Proof of Identification

Home Phone

Cell Phone

Address

City

State Zip

Email

Employer

Occupation

Work Phone

Eligibility

I live, work, worship, or attend school in Washington, D.C. or work at the Department of Commerce. _____
initials

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initials

Payable on Death (Individual Accounts)

Name

Social Security Number

Certification of Taxpayer Identification

I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN) or tax identification number (TIN) shown is my correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have been notified that I am 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, and I am a U.S. person (including U.S. resident alien).

I am not subject to backup withholding Exempt I am not a United States Citizen or resident (complete form W-8 ben)

The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

Signatures

I/We hereby make application for membership in the Department of Commerce Federal Credit Union and agree to a) I/We conform to its bylaws, Federal Credit Union Act, NCUA Rules and Regulations and any amendments b) to subscribe to share (savings) accounts adhering to balance requirements c) I/We expressly agree that any account opened is subject to all terms/ agreements/fees adopted and amended by the Credit Union; d) I/We agree that the Credit Union can use any credit reporting agencies or otherwise verify the information on this application for the purpose of extending services; that the Credit Union can tell others which it received a credit report on I/us; and e) if joint owners are on this account, any sub accounts are also opened under this general account and it shall be presumed that such accounts are also intended to be joint accounts. I further certify that I am in the Department of Commerce Federal Credit Union's field of membership. I understand that the Credit Union has published an Electronic Funds Transfer Agreement and Disclosure, Membership Account Agreement and a Privacy Notice and Disclosure. I acknowledge that the account disclosures and Rate & Fee Schedules for Share Savings and Share Draft Accounts have been furnished to me by the Credit Union, and its terms are incorporated as part of this agreement. I/We further agree that if I/US use our Online Banking Service to enroll in Online Bill Pay, I/US are also fully responsible for all payments from the account and fees for this service. This agreement supersedes any previous account agreements.

Primary Member Signature

Date

Co-Applicant Signature

Date