

## **How to Join the Credit Union:**

**If you are in our field of Membership it is easy to become a Member of Neighbors United Federal Credit Union. Our field of Membership is any persons who live, work, worship or attend school in Greenwood County, South Carolina or a spouse of persons who died while within the field of membership of this credit union; employees of this credit union; volunteers in the community; members of their immediate families or households; and organizations of such persons.**

**1. Fill out the attached form and then either;**

**A. Bring proper identification (driver's license/state ID and Social Security card) with current address along with the form, or**

**B. Fax this form along with a copy of your identification to 864-941-8931**

**C. Email a Scanned, Signed copy of this form along with a copy of your identification to [MSR@mynucu.org](mailto:MSR@mynucu.org)**

**2. Open a savings account with a \$25.00 minimum deposit. Credit unions are member-owned, so this \$25.00 deposit is your share of ownership. After you have opened a savings account, you can apply for other products and services.**

- ♦ Checking Accounts
- ♦ IRA's
- ♦ Bill Pay
- ♦ Plus More!
- ♦ Personal Loans
- ♦ Home Equity Loans
- ♦ Certificates
- ♦ Online Banking
- ♦ Safe Deposit Boxes
- ♦ VISA Debit Cards
- ♦ Mortgages
- ♦ Credit Cards



NEIGHBORS UNITED FEDERAL CREDIT UNION ACCOUNT CARD, MEMBERSHIP ACCOUNT AND SERVICES APPLICATION			Member Number:	
A. Member Information: Print Your Full Legal Name [Including Middle and Suffixes – Jr., Sr.,]			E-Mail Address to be used for Contact:	
IF YOUR ROLE IS OTHER THAN AS AN OWNER INDICATE YOUR ROLE BELOW: <input type="checkbox"/> TRUSTEE <input type="checkbox"/> CUSTODIAN <input type="checkbox"/> BENEFICIARY <input type="checkbox"/> Other: _____ (Describe: _____)			Title of Account [If Different from 1. Above. Example: Doe Family Living Trust OR Representative Payee Account]: _____	
		Date of Birth:	Social Security Number:	Membership Eligibility:
Physical Address:		Mothers Maiden Name:	Employer and Work Number:	Home Phone Number:
			City & State Born in:	
Mailing Address if different from above:		Password:	Driver's License #:	Cell Phone Number:
			Expiration & Issue Date:	
<b>B. Account(s) Requested: [Select Accounts Using the Boxes Below.]</b>				
<input type="checkbox"/> Savings Account <input type="checkbox"/> Christmas Club Account <input type="checkbox"/> MyStache Account <input type="checkbox"/> Other: _____		<input type="checkbox"/> UGMA/UTMA Account // Successor Custodian/Trustee: _____ <input type="checkbox"/> Non-Dividend Bearing Account (This account does not pay dividends)		<input type="checkbox"/> Checking Account Suffix: _____ <b>Checking Account Number: 711100</b> <input type="checkbox"/> Debit Card: <input type="checkbox"/> owner <input type="checkbox"/> Joint 1 <input type="checkbox"/> Joint 2
<b>ACCOUNT SERVICES: (Some services are not available for certain accounts.)</b>				
<input type="checkbox"/> Direct Deposit  <input type="checkbox"/> (PCU) Online Banking** <input type="checkbox"/> E-Statements** <input type="checkbox"/> Bill Pay** **By checking above and signing below you are consenting to electronic disclosure of all electronic records as indicated above. You are confirming you received the terms and conditions of all agreements, disclosure, notice and other documents provided here and electronically.			<input type="checkbox"/> Overdraft Protection Loan*: * Separate loan documentation will be required for this service. Loan approval is required before Overdraft Loan Protection becomes effective. <input type="checkbox"/> Other accounts set up as Overdraft Protection: 1. Account number & Suffix: _____ 2. Account number & Suffix: _____ 3. Account number & Suffix: _____	
<b>C. OTHER PARTIES: <input type="checkbox"/> CHECK HERE IF JOINT OWNER(S) WILL BE ADDED TO ACCOUNT AND PROVIDE ELIGIBILITY BELOW.</b> Check accounts other parties will be added to: <input type="checkbox"/> Savings/MyStache <input type="checkbox"/> Christmas Club <input type="checkbox"/> Checking <input type="checkbox"/> Other: _____ Parties listed herein will be deemed joint owners unless you indicate another role on this account below: <input type="checkbox"/> TRUSTEE <input type="checkbox"/> CUSTODIAN <input type="checkbox"/> REPRESENTATIVE PAYEE <input type="checkbox"/> OTHER: (Describe: _____)				
C2. Full Legal Name: (please print)		Date of Birth:	Social Security Number:	Membership Eligibility:
Physical Address:		Employer and Work No.	E-Mail Address:	Home Phone No.
		Mothers Maiden Name	DL# & Exp. Date:	Cell Phone No.
C3. Full Legal Name: (please print)		Date of Birth:	Social Security Number:	Membership Eligibility:
Physical Address:		Employer and Work No.	E-Mail Address:	Home Phone No.
		Mothers Maiden Name	DL# & Exp. Date:	Cell Phone No.
C4. Full Legal Name: (please print)		Date of Birth:	Social Security Number:	Membership Eligibility:
Physical Address:		Employer and Work No.	E-Mail Address:	Home Phone No.
		Mothers Maiden Name:	DL# & Exp. Date:	Cell Phone No.
<b>D. AUTHORIZED SIGNATURES: BY SIGNING BELOW YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN AND <u>ON THE REVERSE SIDE OF THIS CARD</u>. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. Transactions to/from any accounts may be limited until ID verification of all persons is completed. Our signature(s) below gives consent to the Credit Union to communicate with us via email, text messaging or other social media.</b>				
1. _____ <b>Signature</b> <b>DATE</b>		2. _____ <b>Signature</b> <b>DATE</b>		
3. _____ <b>Signature</b> <b>DATE</b>		4. _____ <b>Signature</b> <b>DATE</b>		

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT  
OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING**

**W-9 CERTIFICATION - IF DEPOSITOR IS U.S. CITIZEN OR RESIDENT ALIEN UNDER PENALTIES OF PERJURY:**

I certify (1) that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from back-up withholding under federal laws or a specific FATCA Exempt Payee Code (\_\_\_\_ enter code here from W-9 Instructions), or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup 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. You must 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.**

**W-8 CERTIFICATION - IF DEPOSITOR IS FOREIGN PERSON OR ENTITY:** Certification is provided on a separate document.

**SIGNATURES, CONSENTS AND AGREEMENTS:** Each applicant, authorized user or other party signing this Card, (together herein referred to as "applicant(s)") hereby makes application for the account(s)/services and/or membership as indicated and agrees to conform to the Bylaws, as may be amended, of Neighbors United Federal Credit Union ("Credit Union"). Applicants certify the signature(s) on this card apply to all accounts designated on page one; and all information provided is true and correct. Applicants also acknowledge receipt and agree to be bound by any terms and conditions in this card, and in the Accounts & Services of the Credit Union Booklet, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. Each applicant consents that the Credit Union may undertake to verify their eligibility for any account(s) and service(s) now and in the future. In addition, all applicants authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. Applicants specifically consent that the Credit Union may report information concerning their account(s) and services to others; and that we may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/user to the other applicants. **All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union. If any representative capacity is indicated on the reverse side, the Credit Union shall provide all statements, notices and other information only to the person designated as having authority (e.g., a "trustee").**

**ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED ON REVERSE SIDE):** The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.

**PAYABLE ON DEATH (POD): COMPLETE ONLY IF POD - NOT TO BE USED FOR IRA OR OTHER RETIREMENT PLAN ACCOUNTS**

Primary: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ SSN if known: \_\_\_\_\_

Address: \_\_\_\_\_ Birth date: \_\_\_\_\_

Contingency: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ SSN if known: \_\_\_\_\_

Address: \_\_\_\_\_ Birth date: \_\_\_\_\_

These POD designations only apply to the Account(s) Listed on the Reverse Side. I/we understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. If any beneficiary is not living, funds shall be paid as expressly required by applicable state law; and if there is no express state law, then pursuant to the provisions set forth in the Membership Agreement with the Credit Union.

**For more complex POD use the Multiple POD designation form and attach.**

Credit Union Use Only:			
Debit Card Data:	PCU Data:	E-Statement Data:	Bill Pay Data:
Owner 1: 4-- _____ Exp. Date: _____	User ID: _____	EStatements Flagged Y in DS: _____	User ID: _____
Owner 2: 4-- _____ Exp. Date: _____	Password: _____	Date: _____	Password: _____
Owner 3: 4-- _____ Exp. Date: _____	Credentials given to member on: _____	Company Web sign up: _____	Credentials given to member on: _____
Owner 4: 4-- _____ Exp. Date: _____	Date: _____	Date: _____	Date: _____
Verification Initials & Date: verified information set up in system correctly.	PCU set up by: _____	Copy of Form sent to Penney: _____	Copy of Form sent to Nancy: _____
Debit Card ordered by: _____ Date: _____	Date: _____	Initials: _____	Initials: _____
		Date: _____	Date: _____
Overdraft Loan Applied for: [ ] Yes [ ] No, if yes, Loan Application given to member: [ ] Yes [ ] No	E-Statement sign up by: _____	Bill Pay set up by: _____	
Overdraft Loan Request forwarded to _____ (loan officer name) _____ Date _____	Date: _____	Date: _____	Date: _____

**CREDIT UNION NOTES:**

The above applicant(s) membership approved (only if new account or new joint added):

By: \_\_\_\_\_ (MEMBERSHIP OFFICER) Date: \_\_\_\_\_

Account Opened/Changes made: " In Person " By Mail " Internet " Other: \_\_\_\_\_

Account opened or changes made By: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Name/Address Discrepancy: The Credit Union has resolved the name and/or address discrepancy on the documentation relied upon to open this account; and to insure proper governmental list-checking via: \_\_\_\_\_