

# Membership Application

Join online at  
[www.nwfcu.org](http://www.nwfcu.org)

## How to join NWFCU

- Open a Share Savings Account to establish your membership with an initial deposit of \$5. Make checks payable to NWFCU.
- If your NWFCU membership eligibility is based upon membership in the Financial Awareness Network (FAN), please include an additional \$10 for your one-time FAN membership fee.
- If you are returning this form by mail or fax, please enclose a clear photocopy of your I.D. Acceptable identification includes an unexpired government-issued I.D. card that contains a photo, unique identification number, signature and your current address.
- If you are applying for an NWFCU credit card or Line of Credit (LOC) loan, please provide a copy of your most recent paystub.

## To open your account(s):

- Mail your application to the address below.
- Attention: Call Center** or
- Visit a branch or
  - Fax your application to 703-925-5113

## Questions?

- Contact our Call Center at the numbers shown below.

## Important Information About

### Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

**What This Means for You:** When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.



PO Box 1229, Herndon, VA 20172  
703-709-8901 • 1-866-709-8901 (toll-free) • Fax: 703-925-5113  
ABA Routing Number: 256075025

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## eStatement Agreement

By checking Online Account Access or Online Statement Access and by your signature on this application, you consent to the electronic delivery of your deposit Account(s) statement, in lieu of paper statements unless and until you withdraw your consent. You further agree that we may provide you with any communications (e.g. disclosures, notices, marketing promotions, etc.) relating to your Accounts in electronic format. You agree to be bound by any and all laws, rules, regulations and official issuances applicable to eStatements now existing or which may hereafter be enacted, issued or enforced, as well as such other terms and conditions governing the use of other facilities, benefits or services that NWFCU may from time to time make available to you in connection with eStatements. We will send all communications via email to the last known email address provided by you. You agree to notify us promptly of any change of your email address.

## Financial Awareness Network (FAN) Agreement

FAN is a membership organization that promotes and supports financial education. By checking FAN in the eligibility section of this application you agree to become a member of FAN and pay the required membership fee. You also understand if you do not pay the FAN membership fee you are not eligible to join the Credit Union through this eligibility option. Further, by your signature on this application, you are authorizing the Credit Union to share your name, address, phone number and email address with FAN and you agree to abide by the By-laws. As a FAN member, you will receive communication from FAN which you can opt out of at anytime by contacting FAN directly.

Your Lifetime Financial Partner

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## A: Primary Owner of Account & Eligibility (Please print)

Name (Last, First, MI) \_\_\_\_\_  
 Address (cannot be a P.O. box) \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Evening Phone (\_\_\_\_\_) \_\_\_\_\_ Day Phone (\_\_\_\_\_) \_\_\_\_\_  
 SSN (TIN if applicable) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
 Driver's License Number & State \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_ # of Years \_\_\_\_\_ Occupation \_\_\_\_\_  
 I am a:  U.S. Citizen  Permanent Resident Alien  Non Resident Alien

### I am eligible to join in one of the following ways:

- Employee of the Agency (please provide your AIN: \_\_\_\_\_)  
 Employee of an Agency Contractor \_\_\_\_\_  
 Through My Employer or Organization \_\_\_\_\_  
 Financial Awareness Network (FAN) – requires a one-time \$10 FAN membership fee  
 Immediate Family or Household Member:  
 Member Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Account Number \_\_\_\_\_ or Day Phone (\_\_\_\_\_) \_\_\_\_\_

### How did you hear about NWFCU?

- Current NWFCU Member  Co-worker  Employer  Presentation/Event  Website  
 Television  Radio  Newspaper  Other \_\_\_\_\_

## B: Services Desired Choose your NWFCU services by checking the appropriate boxes below.

### Share Savings Account (required for membership, with a \$5 minimum deposit)

- ATM Card (ATM/Debit MasterCard available with checking account)

### Checking Account

Comes with a FREE ATM/Debit MasterCard unless box is checked:

- First (for members age 15–22)  Basic  Access  Premier

### Choose Your Overdraft Protection Sources (circle order of overdraft sources)

- 1 2 3 4 5 Member Protection Plan (fee applies separate form required)  
 1 2 3 4 5 Use my Share Savings Account  
 1 2 3 4 5 Use my Money Market Account (Account Number \_\_\_\_\_)  
 1 2 3 4 5 Use my Line of Credit Loan  
 1 2 3 4 5 Use my NWFCU Credit Card (Card Number \_\_\_\_\_)

### FREE NWLink Internet Banking

I consent to receive eStatements unless box is checked:

### FREE Online eStatement Access (Please see eStatement Agreement on reverse side.)

### FREE Nationwide Shared Branch Access (4,100+ locations in the U.S.)

### Apply for Credit Card or Line of Credit (LOC) Loan (with a maximum credit line of \$2,000; higher limits require a separate application)

- Visa Platinum  FirstCard Visa Platinum (for members age 15–22)  
 Member Rewards MasterCard  LOC Loan

Mother's Maiden Name \_\_\_\_\_

### Holiday Club Account (\$5 minimum deposit)

### Money Market Account (no minimum deposit)

## C: Joint Owner NWFCU may limit transactions conducted by Joint Owner (Joint Owners are not eligible for the full privileges of membership).

Joint Owner (Last, First, MI) \_\_\_\_\_  
 Address (cannot be a P.O. box) \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) Evening Phone (\_\_\_\_\_) \_\_\_\_\_ Day (\_\_\_\_\_) \_\_\_\_\_  
 Employer \_\_\_\_\_ # of Years \_\_\_\_\_ Occupation \_\_\_\_\_  
 Joint on:  Savings  Checking  ATM/Debit MasterCard (checking account required)  Holiday Club  Money Market Account  FirstCard Visa Platinum  
 I am a:  U.S. Citizen  Permanent Resident Alien  Non Resident Alien

## D: SSN/Taxpayer Identification Number (TIN) Certification and backup withholding information

- Under penalties of perjury, I certify that: (1) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) listed above is my correct taxpayer identification number (or I am waiting for one to be issued); and (2) I am not subject to backup withholding because (a) I am exempt, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) because the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).  
 I am subject to backup withholding  I am not a U.S. person; for income tax purposes I must complete a W-8BEN.

## E: Right of Survivorship

All Northwest Federal Credit Union multiple-party accounts (those with 2+ owners) are held with survivorship, meaning that upon the death of any of the undersigned, the account belongs to the surviving owners listed as provided by law, and the right of survivorship shall continue between the survivors. If the box marked "Joint Account — No Survivorship" is checked, the interest of the deceased owner(s) will pass to the decedent's estate(s).  
 Joint Account — No Survivorship

## F: Security Interest

I hereby grant NWFCU a security interest in all shares and dividends on deposit, now and hereafter, in all accounts I own (including joint accounts) to secure any and all of my indebtedness or obligations to NWFCU (except loans secured by real estate), now and hereafter, including debts incurred by credit card. Funds in my Individual Retirement Account are excluded from this security interest. NWFCU may enforce this security interest without prior notice.

Initials \_\_\_\_\_  
 Initials \_\_\_\_\_

## G: Signature(s) Please include a clear copy of photo I.D.

I/We hereby certify eligibility for membership and make application for membership in and agree to be bound by and conform to the by-laws, rules, regulations and policies now in effect and as amended or adopted in the future by NWFCU. I/We authorize NWFCU to obtain a consumer credit report in establishing this account or other related financial services as submitted now or in the future. By signing below, I/We certify that all the information on this Application is true and correct under penalty of perjury and acknowledge receipt of the Account Agreements & Disclosures, Funds Availability Disclosure and Fee Schedule.

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

Primary Owner Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

## Credit Union Use Only

- New  MC \_\_\_\_\_ Share Savings Acct # \_\_\_\_\_ Debit MasterCard # (1) \_\_\_\_\_  I  
 Reopen  Previous Name \_\_\_\_\_ Checking Acct # \_\_\_\_\_ Debit MasterCard # (2) \_\_\_\_\_  X  
 ID Scanned  CU Representative \_\_\_\_\_ Money Market Acct # \_\_\_\_\_ ATM Card # (1) \_\_\_\_\_  
 ID Attached  Branch \_\_\_\_\_ Date \_\_\_\_\_ Holiday Club Acct # \_\_\_\_\_ ATM Card # (2) \_\_\_\_\_  
 Type of Secondary ID Reviewed \_\_\_\_\_