

# Membership Services Application

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. In some cases, identification will be requested for current account holders if original documentation was not obtained with the opening of the account. We ask for your understanding as we work to support these efforts to maintain security of your funds and our country.

## \*MEMBERSHIP ELIGIBILITY:

Employer: \_\_\_\_\_ Location: \_\_\_\_\_  Family Member of: \_\_\_\_\_  American Consumer Council (ACC)

If you are not eligible for Acclaim Membership through either a Select Employee Group (SEG) or as a family/household member of an eligible employee, you may be able to join Acclaim by becoming a member of the ACC, a national organization committed to consumer education and awareness. For more information on the ACC, visit [www.AmericanConsumerCouncil.org](http://www.AmericanConsumerCouncil.org).

To join Acclaim through the ACC, you must have a valid email address.

## \*ACCOUNT TYPES REQUESTED (Select all that you would like to open):

- |  |  |
|--|--|
| <input type="checkbox"/> Savings (required to join)              | <input type="checkbox"/> Certificate(s) TERM _____                                       |
| <input type="checkbox"/> Checking                                | <input type="checkbox"/> Individual Retirement Acct (IRA)<br>(Additional Forms Required) |
| <input type="checkbox"/> Money Market                            |  |
| <input type="checkbox"/> Vacation Club                           |  |
| <input type="checkbox"/> Christmas Club                          |  |
| <input type="checkbox"/> Kirby Kangaroo Kids Club (ages 0-12)    |  |
| <input type="checkbox"/> Claim Your Youth Teen Club (ages 13-17) |  |

## \*SERVICES REQUESTED:

- |  |   |
|--|---|
| <input type="checkbox"/> Online access & e-statements                | <input type="checkbox"/> Loans (mark your choice(s) below): |
| <input type="checkbox"/> Primary Member Debit Card (w/checking only) | <input type="checkbox"/> Auto                               |
| <input type="checkbox"/> Joint Member Debit Card (w/checking only)   | <input type="checkbox"/> Mortgage                           |
| <input type="checkbox"/> Bill Payment service                        | <input type="checkbox"/> Personal                           |
| <input type="checkbox"/> Box of checks                               | <input type="checkbox"/> Credit Card                        |
| <input type="checkbox"/> Direct Deposit/Payroll Deduction            | <input type="checkbox"/> Savings Secured                    |
|  | <input type="checkbox"/> Home Equity Line of Credit         |
|  | <input type="checkbox"/> Overdraft Line of Credit           |

\*Designate the ownership of the accounts and responsibility for the services requested.

Individual  Joint (G.S. 54-109.58): with right of survivorship in this account.

We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58: (1) The Credit Union may pay the money in the account to, or on the order of, any person named on the account unless we have directed that withdrawals require more than one signature; and (2) If we elect to create the right of survivorship in the account, upon the death of one joint owner the money remaining in the account will belong to the surviving joint owner(s) and will not pass by inheritance to heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

## \*MEMBER/OWNER INFORMATION

Full Legal Name		Sex (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN/ITIN	Date of Birth
Mailing Address		City/State/Zip		Home Phone
Street Address (if PO Box listed as Mailing Address)		City/State/Zip		Work Phone
Mbr # (if known)	E-Mail Address			Cell Phone

## JOINT MEMBER/OWNER INFORMATION

Full Legal Name		Sex (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN/ITIN	Date of Birth
Mailing Address		City/State/Zip		Home Phone
Street Address (if PO Box listed as Mailing Address)		City/State/Zip		Work Phone
Mbr # (if known)	E-Mail Address			Cell Phone

Payable on Death Account. I/we understand that by establishing a Payable on Death Account under the provisions of North Carolina General Statute 54-109.57 that: (1) during my/our lifetime I/we may withdraw the money in the account; and (2) by written direction to the Credit Union I/we individually or jointly, may change the beneficiary or beneficiaries; and (3) upon my/our death the money remaining in the account will belong to the beneficiary or beneficiaries and the money will not be inherited by my (or our) heirs or be controlled by will.

## BENEFICIARY INFORMATION Please Note: Beneficiaries named applies to all sub accounts per member number.

Name	Date Of Birth	SSN/ITIN	Mailing Address	City/State/ZIP
Home Phone	Work Phone	Cell Phone	E-Mail Address	Relationship

For Additional Joint Owners or Beneficiaries, contact our office.

## \*ACCOUNT SECURITY QUESTIONS (THREE(3) MUST BE COMPLETED!)

Telephone Account Password	Hint	In what city were you born?	Who was your childhood friend?
What is the color of your first home?	Who was your first employer?	What is your oldest cousin's first name?	What is the model of your first car?

Create your own question & answer:

**\*NEAREST RELATIVE NOT LIVING WITH YOU**

Name	Relationship	Phone	Mailing Address	City/State/ZIP
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**\*OVERDRAFT PROTECTION OPT-IN FORM**

**What You Need to Know about Overdrafts and Overdraft Fees**

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

**What are the standard overdraft practices that come with my account?**

We do authorize and pay overdrafts for the following types of transactions:

- Checks and Automated Clearing House transactions (pre-arranged drafts) made using your checking account number

We do not authorize and pay overdrafts for the following types of transactions unless you have pre-arranged an overdraft protection plan through a Line of Credit Loan:

- ATM transactions
- Everyday debit card transactions

I do not want Acclaim Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions. I understand I may opt in at a later date.

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

**What fees will I be charged if Acclaim Federal Credit Union pays my overdraft?**

Under our standard overdraft practices:

- We will charge you a fee of up to \$28 each time we pay an overdraft.
- There is no limit on the total fees we can charge you for overdrawing your account.

**What if I want Acclaim Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions?**

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, call 336-332-5302, visit [www.AcclaimFCU.org](http://www.AcclaimFCU.org), or complete the form below and either present it at 1823 Banking Street or mail it to Acclaim Federal Credit Union, PO Box 29527, Greensboro, NC 27429.

I have read the Membership & Account Agreement disclosure and Deposit Account Rate & Fee Supplement and want Acclaim Federal Credit Union to pay overdrafts on my ATM and everyday transactions. I understand I will be charged an Overdraft fee each time an overdraft item is paid.

Printed Name

Signature

Date

**\*MEMBER RELATIONSHIP QUESTIONNAIRE**

In an effort to combat fraud and get a better understanding for the usage of this account, please provide the following information.

**Type of Account:**  Personal  Business

**Source of Deposits:**  Personal Income  Retirement Income

**This account was established for the purpose of:**  Loan  Personal Banking

How often do you anticipate making deposits/payments: \_\_\_\_\_ per month

Direct Deposit: \_\_\_\_\_ ACH ( Automated Clearing House): \_\_\_\_\_ Payroll Distribution: \_\_\_\_\_

Will any financial transaction affecting this account originate or have a destination outside the U.S.? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you anticipate sending/receiving frequent wire transfers? \_\_\_\_\_

If yes, please explain what types of wires you will be sending or expecting and how often: \_\_\_\_\_

**\*TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number;

(2) I  am  am not subject to backup withholding because (a) I am exempt from backup withholding, 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  am not a U.S. person (including a U.S. resident alien). **If you are not a U.S. citizen, complete a W-8BEN.**

**BY SIGNING BELOW, YOU**

1. Promise that everything you have stated above is correct. You authorize the Credit Union to verify your employment and to obtain credit reports in connection with your request for membership and/or credit and for any update, renewal or extension of the credit received. You understand the Credit Union will rely on all information provided above, as well as information shown in your credit report. If there are any important changes, including your name, address, or employment, you will notify us in writing immediately or within a reasonable time thereafter.

2. Acknowledge receipt of the following agreements and disclosures: the Membership and Account Agreement, the Truth-In-Savings Disclosure, and the Rates & Fees Listing, which either accompanies this application or will be provided within 10 business days of opening the account(s), which apply to any share, share draft/checking, certificates or other share account you open; the Funds Availability Policy Disclosure, which applies to any share draft/checking accounts you open; and the Electronic Funds Transfer Agreement and Disclosure, which applies to any electronic fund transfer (EFT) services you obtain. You further agree to the terms and conditions of the disclosures/agreements that apply to any EFT service or share account you have requested in this application and which you obtain from us. I/we understand that if I/we do not receive the Disclosures within 30 days, I/we can rescind this agreement by notifying the Credit Union in writing within 30 days of the date below.

3. Acknowledge that if you apply for a loan, you grant us a security interest in all individual and joint accounts you have with us now and in the future to secure what you owe under any Acclaim FCU loan and/or credit card agreement. When you are in default you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your share and deposits.

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

5. Certify that you do not engage in Internet gambling business within the meaning of Federal Reserve Regulation GG.

6. Acknowledge your enrollment in membership not only with Acclaim FCU but also the American Consumer Council (ACC) only if you do not meet Acclaim Membership eligibility requirements as a SEG employee or SEG employee's family/household member.

7. Also give us permission to contact you by all means provided on this application, including cell phone.

**\*SIGNATURE**

**DATE**

**\*JOINT OWNER SIGNATURE**

**DATE**

If you do not want to receive e-mail news and special offers from us, check here

**\*Application may be denied if all required fields are not entirely completed.**

For more information or for help in completing the application please call 888-794-1001

or stop by our branch located at 1823 Banking St, Greensboro, NC 27408