



P.O. Box 25947  
 Alexandria, VA 22313-9809  
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 transfcu.org

## MEMBERSHIP APPLICATION

- New Account (Primary Member)  
 Youth Account

Change to Current Account # \_\_\_\_\_  
 Name Change       Joint Owner Change

### OPEN ACCOUNTS

- Savings - a minimum deposit of \$5 is required  
 Basic Checking - no minimum balance required.  
 Visa Debit Card               Share Certificate  
 Money Market                 Special Purpose Account

### ACCOUNT SECURITY

This password verifies your identity as our member when you transact with us over the phone or in person. The password must be alphanumeric and contain 4-10 characters.

\_\_\_\_\_

### MEMBER INFORMATION (please print)

Full Name (First/Middle/Last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number/Tax ID.	Date of Birth
Physical Address (No P.O. Box)	City	State	Zip
Mailing Address (if different)	City	State	Zip
Email Address	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Cell Phone (Check preferred phone contact)
Driver's License No.	State Issued	Date Issued	Expiration Date
Employment Status: <input type="checkbox"/> Currently Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other _____	Mother's Maiden Name _____		
Employer _____	# Years _____		
Prior Physical Address (if at address less than 2 years)	City	State	Zip
Prior Employer (if at employer less than 2 years) _____	# of Years _____	Purpose of Account _____	
I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Nonresident Alien	Initial Deposit Source _____		

### I QUALIFY FOR MEMBERSHIP:

- Through employer \_\_\_\_\_       Retired DOT       American Consumer Council (ACC Member): Number \_\_\_\_\_
- I am related to a current TFCU member retired from DOT or employed by \_\_\_\_\_ Relationship \_\_\_\_\_  
(Immediate family is defined as spouse, child, sibling, parent, grandparent, or grandchild. This includes stepparents, stepchildren, stepsiblings, and adoptive relationships. Household is defined as persons living in the same residence maintaining a single economic unit).

### JOINT OWNER (Multiple Party with Survivorship)

Full Name (First/Middle/Last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number/Tax ID.	Date of Birth
Physical Address (No P.O. Box)	City	State	Zip
Mailing Address (if different)	City	State	Zip
Email Address	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Cell Phone (Check preferred phone contact)
Driver's License No.	State Issued	Date Issued	Expiration Date
I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Nonresident Alien			

## JOINT OWNER (Multiple Party with Survivorship)

Full Name (First/Middle/Last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number/Tax ID.	Date of Birth
Physical Address (No P.O. Box)	City	State	Zip
Mailing Address (If different)	City	State	Zip
Email Address	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Cell Phone (Check preferred phone contact)
Driver's License No.	State Issued	Date Issued	Expiration Date
I am a:	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Permanent Resident Alien	<input type="checkbox"/> Nonresident Alien

## JOINT ACCOUNT AGREEMENT

If your Account is owned jointly, then all funds on deposit are owned by any of the joint owners. We can release or pay any amount on deposit in your Account to any owner. We can honor checks, withdrawals, orders or requests from any owner. The Credit Union is hereby authorized to charge this account for any obligation owed by you or any joint owners, if applicable, to the Credit Union.

All Owners are liable to the credit union for any overdrafts that may occur on your account, regardless of whether or not a benefit occurred. Any owner may provide us written notice to freeze funds on deposit and we may, at our option, honor such written request. If we do, then the account will remain frozen until we receive subsequent written notice signed by all owners of the account as to a disposition of funds on deposit. Any funds on deposit may be utilized to satisfy any debt or garnishment of any owner of the account.

If the owners of the account hold the account jointly as Tenants in Common and we receive notice that one of the owners has died, we may freeze the account until we receive evidence satisfactory to us as to an appropriate disposition of funds on deposit in the Account. It is the responsibility of joint Account owners to determine any legal effects of opening and maintaining a joint account.

## IMPORTANT IRS INFORMATION

Under penalties of perjury, you certify that:

1. The number shown on this form is your correct taxpayer identification number (TIN) (or you are waiting for a number to be issued to you), and
2. You are not subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service that you are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding, and Please consult IRS publication 1679 for additional information about backup withholding and a copy of IRS form W-9.
3. You are 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 of underreporting interest or dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.


## SIGNATURES

By signing below, I hereby make application for membership in the Transportation Federal Credit Union and agree to subscribe for at least one share. In considering this application and/or request for financial services, I authorize the Credit Union to check my credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with me. I/we agree to conform to the Credit Union's rules, regulations, by-laws and policies, now in effect and as amended or adopted hereafter. I/we acknowledge receipt of the Credit Union's account agreements including, but not limited to, Truth in Savings Disclosure & Agreement, Privacy Policy, Service Fees, Funds Availability Policy, Membership and Account Agreement and Electronic Fund Transfers Disclosure which are incorporated into and made part of this application and agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. My signature also constitutes a request for any identifying number and/or access device issued by the Credit Union in conjunction with such accounts. 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 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 and other identifying information. 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's Signature/Date	Joint Owner's #1 Signature/Date	Joint Owner's #2 Signature/Date
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## CREDIT UNION USE ONLY

Credit Union Employee Signature	Date Opened
Comments:	

Federally Insured By NCUA	 Additional insurance of up to \$250,000 on your savings accounts is provided by Excess Share Insurance Corporation, a licensed insurance company.
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