

Membership Application

Two forms of identification must be submitted at the time this application is completed. If person is not present, a notarized letter must accompany this application.

ACCOUNT TYPE (check all that apply)		JOINT or CUSTODIAL ACCOUNT	
Single Joint Minor Custodian Payable on	Death OPower of Attorney		
Please sign me up for:) Free Checking Account) Free E-Statements		JOINT/CUSTODIAN APPLICANT NAME SOCIAL SECURITY #	
By signing, I (we) acknowledge that I (we) have received, read bound by the terms of the Electronic Funds Transfer Agreem		CITY	STATE ZIP
		MAILING ADDRESS (if different)	
APPLICANT/MINOR NAME SOCIAL SECURITY #		DAY PHONE	EVENING PHONE
HOME ADDRESS			
		CELL PHONE	
CITY STATE ZIF		E-MAIL	
MAILING ADDRESS (if different)			
		DRIVER'S LICENSE #	
DAY PHONE EVENING PHONE		DATE OF BIRTH	MOTHER'S MAIDEN NAME
CELL PHONE		EMPLOYER	
E-MAIL			
		EMPLOYER'S ADDRESS	
DRIVER'S LICENSE #			
DATE OF BIRTH MOTHER'S MAIDEN N	AME		
		APPLICANT'S SIGNATURE (JOINT/	CUSTODIAN) DATE
EMPLOYER		NAME OF SUCCESSOR CUSTODIAN	
EMPLOYER'S ADDRESS			
		AND BACKUP WITHHO	ATION NUMBER CERTIFICATION
APPLICANT'S SIGNATURE	ΤE	Under penalties of perjury, I	
MEMBERSHIP ELIGIBILITY (check one)		(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued).	
I am an Employee of			up withholding because (a) I am exempt from
I am an Employee of I am a Family Member of an existing Motion FCU member			b) I have not been notified by the Internal
		result of a failure to report	at I am subject to backup withholding as a rt all interest or dividends, or (c) the IRS has
ELIGIBLE FAMILY MEMBER NAME (if applicable)		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).	
O I am a member / volunteer of			с ,
		Certification Instructions. 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. Cross out item 3 and complete	
APPLICANT REFERRED BY		a W-8 BEN if you are not a U.S. p	

Patriot Act

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. This means when you open an account, we ask you for your name, address, date of birth and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

Signatures

By signing above, I/we hereby make application for membership in the Motion Federal Credit Union and agree to subscribe for at least one share. I/We agree to conform to the rules, regulations, bylaws and polices of the credit union now in effect and as amended or adopted hereafter. By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We have received and read the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent to any provision of this account other than the certification required to avoid backup withholding. 10/2012

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NCUA 🔒 🙊