

Membership Application/ Addendum

Member Number Assigned: _____

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 that means for you: When you open an account, we will ask 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.

CIRCLE ALL THAT APPLY: NEW/UPDATE NAME CHANGE JT. NAME TERM ADD JOINT
Primary Member information:

Last Name: _____ First Name: _____ M.I. _____

Employer _____ Mother's Maiden Name _____

Birth Date _____ SSN _____ E-Mail _____ @ _____

Driver's Lic. No. _____ State: _____ Issue Date: _____ Expiration Date: _____

or

Other ID (Type & #): _____ Issue Date: _____ Expiration Date: _____

Mailing Address _____

City/State/Zip _____

Street Address _____

City/State/Zip _____

Home Phone: (____) _____ - _____ Work Phone (____) _____ - _____ Ext. Number _____

Joint Member/Owner 1

Last Name: _____ First Name: _____ M.I. _____

Relationship to Primary Member _____ Home Phone _____ Work Phone _____

Birth Date _____ SSN _____ Employer _____

Driver's Lic. No. _____ State: _____ Issue Date: _____ Expiration Date: _____

or

Other ID (Type & #): _____ Issue Date: _____ Expiration Date: _____

Street Address _____

City/State/Zip _____

Joint Member/Owner 2

Last Name: _____ First Name: _____ M.I. _____

Relationship to Primary Member _____ Home Phone _____ Work Phone _____

Birth Date _____ SSN _____ Employer _____

Driver's Lic. No. _____ State: _____ Issue Date: _____ Expiration Date: _____

or

Other ID (Type & #): _____ Issue Date: _____ Expiration Date: _____

Street Address _____

City/State/Zip _____

Northeast Membership includes: QuikTel (24 hr account access by phone) CyberTel (24 hr account access online) and an ATM Card
CHECK HERE IF YOU DO NOT WANT AN ATM CARD

Certification Joint Share Account Agreement-Not Transferable
Under penalties of perjury, I certify (1) I am a U.S. person or U.S. resident alien (2) that the number shown on this form is my correct taxpayer ID and (3) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. NOTE: Strike out item (3) if subject to backup withholding.

I/We certify the above information is accurate and by signing I/We agree to the terms & conditions of the Share Account Agreement, Truth-In-Savings Disclosure, Funds Availability Policy, Electronic Funds Transfer Disclosure & Privacy Act Disclosure, Rate Schedule and Fee Schedule that will be provided to me, and to any amendment the credit union makes from time to time which is incorporated herein. The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

SIGNATURES:

Primary Member _____ **Date** _____

Jt. Mbr./Owner (1) _____ **Jt. Mbr./Owner (2)** _____

Joint Name Termination Agreement

I(we) hereby make application for termination on the above named account and account number. I(we) understand that this action forfeits all rights to transact any business for this account. This termination does not dismiss any of my (our) obligations on loans, credit cards or any transactions initiated prior to month _____ Day _____ Year _____ .

Last Name _____ First Name _____ M.I. _____

Birth Date: _____ SSN _____

Driver's License No.: _____ State: _____ Issue Date: _____ Expiration Date: _____

OR

Other ID (Type & #): _____ Issue Date: _____ Expiration Date: _____

Joint Name Termination Signature _____

Witnessed by NECU Employee _____ (Signature)

ID Verification by user: _____

(seal)

OR

Notary Public _____ My Commission Expires: _____
(signature)

Print Name: _____

COMPLETE FOR TERMINATION OF NAME ONLY	
TELLER # & INITIALS: _____	ATM/OR VISA CHECK CARD BLOCKED (CIRCLE)
TELLER # & INITIALS: _____	CARDS BLOCKED
TELLER # & INITIALS: _____	LOOKUPS DELETED
TELLER # & INITIALS: _____	TRANSFER RECORDS EXPIRED
TELLER # & INITIALS: _____	CROSS ACCOUNT TRANSFER DELETION & EXPIRED WARNING

FOR OFFICE USE ONLY

Date Opened/Date Changed: _____ Membership Number Assigned: _____

Application taken by: Teller # & Initials: _____

Membership Eligibility: _____ Member Group Code: _____

E-Statement Authentication By: Teller # & Initials _____ NCPS Inquiry number: _____
(If Applicable)

Primary	
OFAC/Credit Bureau done by: _____	Teller #/Initials
Or	
OFAC/Experian done by: _____	Teller #/Initials
If existing mbr: Account # _____	
ID Verified By _____	Teller #/Initials

Joint Member Owner/1	
OFAC/Credit Bureau done by: _____	Teller #/Initials
Or	
OFAC/Experian done by: _____	Teller #/Initials
If existing mbr: Account # _____	
ID Verified By _____	Teller #/Initials

Joint Member Owner/2	
OFAC/Credit Bureau done by: _____	Teller #/Initials
Or	
OFAC/Experian done by: _____	Teller #/Initials
If existing mbr: Account # _____	
ID Verified By _____	Teller #/Initials

Membership Officer Signature _____ **Date** _____

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*OFAC required for all new members (primary and/or joint)