



MEMBERSHIP APPLICATION

MEMBER #

PRIMARY MEMBER INFORMATION

Name:		Social security number:		Date of Birth:	
Street address:			City:		State:
Mailing address, if different than physical address:			City:		State:
Home phone:	Cell phone:		Business phone:		
Email address:					
Driver's License#:		Mother's Maiden Name:		Security Password:	
Current Occupation:		Current Employer:			
How did you hear about us?		How do you qualify?		Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Country of Citizenship

ACCOUNTS/SERVICES REQUESTED

Savings	Checking	Debit	Checks
Certificate	Money Market	Online Banking	Line of Credit
Wire Transfers	Auto Loan	Credit Card	Personal Loan
Zelle	Remote Deposit	Account to Account transfer	Mortgage
Estatements	Mobile Banking	Bill Pay	
Anticipated cash deposit per week:	0 - \$1,000	\$1,001 - \$10,000	Over \$10,000
Anticipated cash withdrawals per week:	0 - \$,1000	\$1,001 - \$10,000	Over \$10,000

OWNERSHIP OF ACCOUNT

Select one ownership type and, if applicable, include a beneficiary in the appropriate section of this application. The ownership type and designation specified on this document will remain the same for account listed above.

Individual:     Joint with Survivorship (and not as tenants in common):     Tenant Account:

As custodian for minor under the Massachusetts Uniform Transfer to Minor Act (UTMA):     Estate Account:

WIRE TRANSFERS

I will  or will not  be requesting wire transfers on the accounts included in this membership. If yes, continue reading the information below.

If yes, how many wire transfers do you plan on doing per week? \_\_\_\_\_

The following security measures will be used by the credit union for the purpose of verifying all wire transfer requests.

**Call Back** - when we receive your wire transfer request, we will confirm the request by calling the person who originated the wire request at a telephone number currently on our system. We will not call back to a number not previously on record. We will only call back for wires over \$1,000.00 or if the request is made via fax.

**Password** - please provide a password to be used to verify wires during the call back. If there is no password on file PRIOR to the request, the wire must be requested in person.

Password selected: \_\_\_\_\_

**JOINT OWNER INFORMATION**

Name:		SSN:		Date of Birth:	
Address:		City:		State:	Zip:
Mailing Address:		City		State:	Zip:
Home Phone:		Cell Phone:		Business Phone:	
Email Address:			Mother's maiden name:		
Driver's License #:		Security Password:		Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Country of Citizenship"
Current Occupation:			Current Employer:		

**JOINT OWNER INFORMATION**

Name:		SSN:		Date of Birth:	
Address:		City:		State:	Zip:
Mailing Address:		City		State:	Zip:
Home Phone:		Cell Phone:		Business Phone:	
Email Address:			Mother's maiden name:		
Driver's License #:		Security Password:		Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Country of Citizenship:
Current Occupation:			Current Employer:		

**JOINT OWNER INFORMATION**

Name:		SSN:		Date of Birth:	
Address:		City:		State:	Zip:
Mailing Address:		City		State:	Zip:
Home Phone:		Cell Phone:		Business Phone:	
Email Address:			Mother's maiden name:		
Driver's License #:		Security Password:		Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Country of Citizenship:
Current Occupation:			Current Employer:		

**JOINT OWNER INFORMATION**

Name:		SSN:		Date of Birth:	
Address:		City:		State:	Zip:
Mailing Address:		City		State:	Zip:
Home Phone:		Cell Phone:		Business Phone:	
Email Address:			Mother's maiden name:		
Driver's License #:		Security Password:		Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Country of Citizenship:
Current Occupation:			Current Employer:		

**BENEFICIARY INFORMATION (ONLY ONE ALLOWED PER MEMBERSHIP)**

Name:			Relationship:		
SSN:			Date of Birth:		
Address:		City:		State:	Zip:
Home Phone:			Cell Phone:		

**SUCCESSOR CUSTODIAN INFORMATION (UTMA ACCOUNTS ONLY)**

Name:			Relationship:		
Address:			Phone:		

**TAX CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

Under penalties of perjury, the undersigned certifies on behalf of the account owner that: (1)The Taxpayer Identification Number (TIN) shown above is the Account Owner's correct TIN and (2) the Account Owner is not subject to backup withholding either because (a) It is exempt from backup withholding, or (b) It has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the Account Owner that it's no longer subject to backup withholding, and (3) The Account Owner is a U.S. Citizen or other U.S. person, and (4) the Account Owner is exempt from FATCA reporting. For Federal tax purposes, the Account Owner is considered a U.S. person if the Account Owner is: 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 foreign estate); or domestic trust (as defined by Regulation section 301.7701-7)or under the laws of the United States; an estate (other than foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).

**THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING**

**MEMBER SIGNATURE(S)**

By signing below, I/We agree to the conditions of the Important Account Information for Our Members including the Terms and Conditions, Electronic Transfers, Funds Availability and Truth in Savings and to any amendment the credit union makes from time to time which are incorporated herein. I/We acknowledge receipt of the Important Account Information for Our Members 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 Funds Transfer Agreement. I/We authorize the credit union to obtain a credit report from a consumer reporting agency.

Signature:	Ownership type:	Date
Signature:	Ownership type:	Date:
Signature:	Ownership type:	Date:
Signature:	Ownership type:	Date:

**FOR CREDIT UNION USE ONLY**

Identification verified by: P J1 J2 J3 J4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Driver's License <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Notarized License <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Student ID <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Passport <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Military ID <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____	Address verified by: P J1 J2 J3 J4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Driver's License <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Utility Bill <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto Registration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Copy of Lease <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Property Tax Bill <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____	EFunds: <input type="checkbox"/> N/A <input type="checkbox"/> Verafin/OFAC: <input type="checkbox"/>	Information verified: <input type="checkbox"/>
Documents provided to member:	Important Account Information Booklet <input type="checkbox"/>	Privacy Notice <input type="checkbox"/>	Rate and Fee Schedule <input type="checkbox"/>
Employee Signature:	Teller #:	Date:	
Branch Manager Signature:	Teller #:	Date:	



## What You Need to Know about Overdrafts and Overdraft Protection

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 with our Overdraft Protection Services. You may choose one or both of the options and the order in which to access:

1. An automatic transfer from your Savings Account - You can authorize us to transfer available funds to cover your overdrafts.
2. Overdraft Line of Credit - You must apply for an Overdraft Line of Credit and approval is based on your creditworthiness. You can apply online at AlignCU.com, visit a branch or call us at 800-942-9575. Please refer to the credit agreement for applicable rates and fees.

This notice explains our overdraft practices.

### ► What are the overdraft practices that come with my account?

We may authorize and pay overdrafts for the following types of transactions using our Overdraft Protection Services:

- Checks and other transactions made using your checking account
- Automatic Bill Payments and Preauthorized Automatic Transfers
- Pin-based Debit/ATM transactions

We do not authorize and pay overdrafts for the following types of transactions using a linked Savings Account:

- Signature-based Debit/ATM transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined and you will be charged a fee for returning the item.

### ► What fees will I be charged if Align Credit Union pays my overdraft(s)?

- There is a \$5 fee for each automatic transfer from your Savings Account.
- We will charge you a fee up to \$35 for a returned item (Refer to the Insufficient Funds tiers on the Rate and Fee Schedule).
- We may charge you more than once for any given item as a result of a returned item and the re-presentation of the item.
- We may charge you up to 3 Nonsufficient fund fees in connection with a single debit.

### ► What if I want Align Credit Union to authorize and pay overdraft(s)?

Complete the notice below by selecting your overdraft option(s). Fax to 978-454-4621 or cut along the dotted line and submit the bottom portion either in person, to a branch or mail it to:

Align Credit Union  
 87 Hale Street  
 Lowell, MA 01851  
 Attention: Operations Account Services

You have the right to change or revoke your election at any time by contacting Align Credit Union in writing. Only one account owner's signature is required on this form to add or remove the overdraft protection coverage.

### Please select up to 2 Overdraft Protection Services and the order in which to access.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Link to my Savings Account                                   | 1 | 2 |
| <input type="checkbox"/> Apply for an Overdraft Line of Credit                        | 1 | 2 |
| <br>  |   |   |
| <input type="checkbox"/> I <u>do not</u> want any Overdraft Protection Service or N/A |   |   |

Printed Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_