



ALLEGACY FEDERAL CREDIT UNION
MEMBERSHIP APPLICATION
allegacy@allegacyfcu.org

P.O. Box 26043
Winston Salem, NC 27114-6043
336.774.3400 | 800.782.4670

Today's Date _____

CIF _____ Teller# _____

OWNERSHIP-Individual

Legal Name: _____
SS#/TIN #: _____ DOB: _____
Home Address: _____
City: _____
St: _____ Zip: _____
Email: _____

Driver's License #: _____ State: _____
Home Phone #: _____
Bus Phone #: _____
Cell #: _____
Employer: _____

Mailing Address (if different from your Physical Address):

Mailing Address: _____ City: _____ St: _____ ZIP: _____

I qualify for membership in the Credit Union through:

My Employer Association School: _____

My Relative/Household Member:

Name _____ Relationship _____ Their Employer _____

DEPOSIT ACCOUNT (Required account \$5 minimum)

Account # _____ Daily Access

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Dividends will be reported to the IRS under the taxpayer Identification Number listed on this application. Under penalties of perjury I certify: (1) that the number shown on the this form is my correct Taxpayer Identification Number; 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 Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Internal Revenue Service regulations require you to strike out the language certifying that you are not subject to backup withholding due to a notice from the Internal Revenue Service advising you that backup withholding has terminated); and (3) that I am a U.S. person (I am either a citizen or a resident alien of the United States).

SIGNATURE Owner/agent must sign signature box below

I hereby make application for membership in the Allegacy Federal Credit Union subject to its bylaws and amendments thereof and subscribe to at least one share. **(One Share is equal to \$5.00. Please enclose check or money order.)** I agree to Allegacy Federal Credit Union's "Membership & Account Agreement" and the "Rate & Fee Schedule" that is applicable to the selected account (s). If PhoneBanking, Visa® Check Card, or any EFT service is requested and provided, I agree to the terms of the Electronic Funds Transfer Agreement included in Allegacy Federal Credit Union's "Membership & Account Agreement". I certify that all information provided is correct to the best of my knowledge. **The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding**

Are you a US citizen or resident alien?: YES NO If NO, Form W-8 BEN is required unless you open a Global Access Account

OWNER SIGNATURE:

ALLEGACY OFFICE USE

Viewed Driver's License/State ID Card Expiration Date: _____

Viewed Passport/Gov't ID # _____ Exp. Date ____/____/____ Country _____

Qualifile Report Pulled/i-Risk

CIP Identity Verification As Required by Federal Law

All In One Given/Mailed to Member

Chex Systems: SS# Yr/ST _____/_____

No Records

Records

Order Plastic

PhoneBanking

Account Information Attached