

MEMBER/OWNER ACCOUNT CARD

NEW CASTLE COUNTY SCHOOL EMPLOYEES



- Application for New Membership
- Change Card
 - Change Member Name
 - Change Member Address
 - Change Beneficiary

Date of Change _____

- Open Account
- Close Account
- Other _____

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

- Share/Savings S100 IRA _____
- Share Draft/Checking S40 Club Account _____
- Share Certificate Other _____

Membership Eligibility: School Employee of following New Castle County School:

- Public School _____ School District _____
- Catholic School _____ Other Religious School _____
- Private School _____ Student _____
- Immediate Family Member of NCCSEFCU Member _____

Name of Family Member _____

ACCOUNT OWNERSHIP

Member/Owner Account Number _____

 Last First Middle # _____
 Social Sec # or TIN

 Street Address Apt# City State Zip Birth Date mo/day/yr

() _____
 Home Phone Mother's maiden name Home E-Mail

 Employer Employer Address Start Date

() _____
 Work Phone Position/Department Work E-mail

 Driver's License State Other ID Type Birth Place City, State

JOINT ACCOUNT OWNERSHIP

 Last First Middle # _____
 Social Sec # or TIN

 Street Address Apt# City State Zip Birth Date mo/day/yr

() _____
 Home Phone Mother's maiden name Home E-Mail

 Employer Employer Address Start Date

() _____
 Work Phone Position/Department Work E-mail

 Driver's License State Other ID Type Birth Place City, State

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- 1) The Number shown on this form is my correct taxpayer identification number,
- 2) I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has 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).

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 a **W-8 BEN** if you are not a U.S. person.

AUTHORIZATION

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 acknowledge receipt of a copy of the agreement and Disclosures applicable to the accounts and services requested herein. If a debit card, ATM card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. I/we understand that the Credit Union will report information about any loans and deposit accounts to the credit bureaus. Late payments, missed payments, or other defaults on your accounts may be reflected in your credit report.

X _____
Signature Account Owner Date

X _____
Signature Joint Account Owner Date

VISA DEBIT/ATM AUTHORIZATION

Please check appropriate box.

- ATM Card
- Debit Card

The information provided above is given so that the undersigned member(s) may obtain a New Castle County School Employees Federal Credit Union VISA MAC Card or VISA Debit Card. I/We certify that the information is true and correct and authorize the Credit Union to verify it, obtain more information about my/our credit and deposit history, and furnish such information to others. I/We understand and agree that anyone in possession of My/our VISA MAC Card or VISA Debit Card may access my/our account through use of the VISA MAC Card or VISA Debit Card. I/We agree to use the VISA MAC Card or VISA Debit Card according to the rules provided by the Credit Union.

X _____
Signature Account Owner Date

X _____
Signature Joint Account Owner Date

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account
 - All Accounts
 - Designate Specific Accounts _____

Beneficiary/POD Payee Name _____

Street Address _____ City _____ State _____ Zip _____ relationship to Member _____

For Credit Union Use Only

Date of Membership _____ Member Verification _____

This new application approved by: Exec. Committee _____ Date _____

Member Officer _____ Board _____

Change Approval _____ Date _____