

# Membership and Account Application



## Eligibility Requirements

1. You are an employee of any company in the HealthNet Federal Credit Union field of membership.
2. You are a relative of a HealthNet Federal Credit Union member as defined by HNFCU's bylaws.
3. Minimum deposit of \$25 and \$1 Membership Fee.



## Section 1: Please indicate the type(s) of account(s) you wish to open/change:

- Share Savings   
  Checking   
  Kids' Club   
  Money Market   
  Christmas Club  
 Vacation Club   
  Online Banking   
  ATM/VISA® Debit Card   
  \_\_\_\_\_

## Section 2: Membership Eligibility: (Company Name or Name of Family Member) \_\_\_\_\_

- Section 3: Account Type**   
  Individual   
  Joint   
  Trust   
  Custodian/Guardian

## Section 4: Member/Owner Information

Member Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 SS# \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Residential Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Apt #/City/State/Zip \_\_\_\_\_ Driver's License #/State \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Apt #/City/State/Zip \_\_\_\_\_ Employer \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

## Section 5: Account Ownership (Designate the ownership of the accounts and responsibility for the services requested.)

- Joint Owner   
  Trustee   
  Custodian/Guardian   
  Authorized Signatory Only   
  Beneficiary/POD

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 SS# \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Residential Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Apt #/City/State/Zip \_\_\_\_\_ Driver's License #/State \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Apt #/City/State/Zip \_\_\_\_\_ Employer \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**\*\*PLEASE INCLUDE A COPY OF TWO FORMS OF VALID ID AND PROOF OF EMPLOYMENT FOR ALL APPLICANTS\*\***

## Section 6: TIN Certification, Backup Withholding Information, and Citizenship

- I am subject to backup withholding   
  Exempt   
  I am NOT a United States citizen or a resident (complete W-8BEN form)

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated above, subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. Furthermore, my signature certifies that I am a U.S. Person, including a U.S. Resident Alien.

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Section 7: 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 benefits requested herein. If an access card or EFT service is requested and provided, I/we agree not to use the card(s) until I/we have read and understand the agreement governing its use. I/We authorize HNFCU to request and obtain one or more credit reports about me/us from one or more credit reporting agencies for the purpose of considering my/our application for the Account, reviewing or collecting any account opened for me/us, or for any other legitimate business purpose. I/we authorize HNFCU to disclose information about my/our account to a credit reporting agency if my/our account is closed because I/we have abused it. The Internal Revenue Service does not require my/our consent to any provision of this document other than the certifications required to avoid backup withholding.

\_\_\_\_\_  
**Member Signature**                      **Date**

\_\_\_\_\_  
**Joint Owner/Other Signature**                      **Date**

\_\_\_\_\_  
**Joint Owner/Other Signature**                      **Date**

\_\_\_\_\_  
**Authorized Signatory**                      **Date**

## For Credit Union Use Only:

Membership Verification \_\_\_\_\_ Processed Date \_\_\_\_\_ Credit Score \_\_\_\_\_  
 Check Verification \_\_\_\_\_ Opened/Changed by \_\_\_\_\_ Account Number \_\_\_\_\_