



790 Joslyn Avenue, Pontiac MI 48340

Member Account Agreement

Account No.

IMPORTANT ACCOUNT OPENING INFORMATION:

Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

I/we hereby make application for membership in the Chief Financial Federal Credit Union and agree to conform to its laws and amendments thereof and subscribe for at least one share.

Owner Name (1): _____ Phone _____
 Address _____
 Social Security # _____ Date of Birth _____ Mother's Maiden Name _____
 Drivers License # _____ Email Address _____
 Employer _____ Work Phone _____
 Other ID used to establish account _____
 Membership Eligibility: _____

Owner Name (2): _____ Phone _____
 Address _____
 Social Security # _____ Date of Birth _____ Mother's Maiden Name _____
 Drivers License # _____ Email Address _____
 Employer _____ Work Phone _____
 Other ID used to establish account _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that: (1) The number shown on this is my correct taxpayer identification number, and (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: You must 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.

Signature of Owner Name (1): _____ **Date:** _____

SHARE ACCOUNT AGREEMENT

The Chief Financial Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. If applicable the joint owners of this accounts, hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment.

Any or all said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans.

The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions theretofore made. Chief is authorized to obtain credit information.

The undersigned authorize the credit union to investigate credit and employment history and obtain reports from consumer reporting agency (ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s). The undersigned personally and as, or on behalf of, the account owner(s) agree to the by-laws of the Credit Union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and acknowledge receipt of the following. Electronic Fund Transfers Disclosure, Truth in Savings Disclosure, Funds Availability Disclosure and Fee Schedule.

Signature of Owner Name (1): _____ **Date:** _____

Signature of Owner Name (2): _____ **Date:** _____

Account Opened by _____ OFAC (1) _____ OFAC (2) _____

Member Approved by _____ Date _____

_____ **Please initial here if requesting VISA card - 0% for 6 months* plus Cash, Merchandise, and Travel Rewards.** *Rate is 9.9% – 14.9% Annual Percentage Rate thereafter depending on credit qualifications.