



**Corporate Office**  
 100 Wheeler Street  
 P.O. Box 1460  
 Akron, OH 44309-1460  
 (330) 376-3626  
 FAX (330) 376-7196

**Salem Office**  
 1070 E. State Street, Suite C  
 P.O. Box 226  
 Salem, OH 44460  
 (330) 332-8543  
 FAX (330) 332-8545

# MEMBERSHIP APPLICATION & AGREEMENT

In this application, the use of the words "You" and "Your" refer to the applicant, and the words "We," "Us," "Our," and "Credit Union" refer to Summit Federal Credit Union. Numbers, phrases or words preceded by a  are applicable only if the  is marked, e.g. .

- New Account  
 Change Data

Account Number

We may ask to see a government-issued picture ID. We may also create a photograph of You, and You agree that We may retain such photograph of You for Our Records

**Account Type(s):**  Regular Share Savings (required for membership)  Club Savings  Youth Savings  Secure24 Checking  
 E-ssential Checking  Statement Checking  Fresh Start Checking  Silver Money Market Checking

## IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account.

What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying information, and We will keep a photo of You on file.

**Primary Owner Information**  Member  Other Specify: \_\_\_\_\_ Check all that apply  U.S. Citizen  Resident Alien  Non-Resident Alien

Name (First, MI, Last, & Suffix or Name of Trust)			Date of Birth	
Home Address (if P.O. Box number, street address also required)		City	State	Zip
Address		City	State	Zip
Phone Number	E-Mail Address			
SSN/TIN	Driver's License Number	Exp. Date	State	Present Employer (Name & Address)

### Eligibility (primary owner)

You qualify for membership in this Credit Union because:

**OR** You are related to the person named below who [is] eligible to join the Credit Union:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Owner 2 Information**  Joint Owner  Representative Payee  Other Specify: \_\_\_\_\_ Check all that apply  U.S. Citizen  Resident Alien  Non-Resident Alien

Name (First, MI, Last, & Suffix)			Birth Date	
Address (if P.O. Box number, street address also required)		City	State	Zip
Address		City	State	Zip
Phone Number	E-Mail Address			
SSN/TIN	Driver's License Number	Exp. Date	State	Present Employer (Name & Address)

**Owner 3 Information**  Joint Owner  Representative Payee  Other Specify: \_\_\_\_\_ Check all that apply  U.S. Citizen  Resident Alien  Non-Resident Alien

Name (First, MI, Last, & Suffix)			Birth Date	
Address (if P.O. Box number, street address also required)		City	State	Zip
Address		City	State	Zip
Phone Number	E-Mail Address			
SSN/TIN	Driver's License Number	Exp. Date	State	Present Employer (Name & Address)

### Mastercard Debit Card/BillPay Services/Call24/Web24

You are requesting the convenience of 24-hour access to Your Credit Union Account in conjunction with a Personal Identification Number (PIN) or Access Code. Your Mastercard Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your linked account. Select Your requested service below:

- Mastercard Debit Card(for checking accounts only)  BillPay Services (for checking accounts only)  Call24  Web24 (online access)

### Request to Receive Electronic Documentation (including E-Statements)

If this box is checked, You request that We provide documentation to You electronically according to the consent to receive electronic documentation disclosure, which You acknowledge that You have read, You understand and You agree to its terms. Your consent to receive electronic documentation will not be effective unless and until You electronically affirm Your consent with the Credit Union in a manner that demonstrates Your ability to receive such documentation in electronic form.

## Payable-On-Death Account Beneficiary Designation

Upon the death of the last surviving owner, the entirety of the funds in Your Account shall become the property of the beneficiary listed below if alive at that time. If the beneficiary is deceased, then the funds will be distributed in accordance with applicable law. You may change the beneficiary identified below only with the written consent of all owners to the Account.

Name \_\_\_\_\_

## Taxpayer Identification and Backup Withholding (*primary owner*)

Under penalties of perjury, You certify:

- that the number shown on this form is Your correct taxpayer identification number;
- that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding;
- You are a U.S. person (including a U.S. resident alien); and
- the following FATCA exemption code, indicating that the payee is exempt from FATCA reporting, is correct \_\_\_\_\_ (enter applicable FATCA exemption code).

**INSTRUCTION TO SIGNER.** Do NOT check any box that is inapplicable to Your truthful certification. By way of example and not of limitation, if You have been notified by the Internal Revenue Service (IRS) that You [are] subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must NOT check the 2nd box above.

**FOREIGN PERSON.** If You are not a U.S. person and are a foreign person, do not use this certification. Instead, use Form W-8BEN - Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals). In that event please consult with a Credit Union representative.

**The Internal Revenue Service does not require Your consent to any provision of this document other than these certifications required to avoid backup withholding.**

\_\_\_\_\_  
Signature of Taxpayer (primary owner)

\_\_\_\_\_  
Date

## Pledge of Shares, Lien Impression and Set-Off

You understand and agree that You may not pledge any of Your deposit Accounts You hold with Summit Federal Credit Union, to any creditor other than Us.

You further understand and agree that We may impress and enforce a statutory lien upon Your deposit Accounts with Us to the extent You owe Us any money that is related to such deposit Accounts (i.e. overdrawn Accounts and those related amounts), and We may enforce Our right to do so without further notice to You. Any right that We may have to impress and enforce a statutory lien that is related to Your loan accounts with Us, is spelled out in the separate loan agreement(s) that evidence such debt. We have the right to set-off any of Your money or property in Our possession against any amount You owe Us. The right of set-off and Our impressed lien does not extend to any Keogh, IRA or similar tax deferred deposit You may have with Us. If Your Account is owned jointly, Our right of set-off and Our impressed lien extends to any amount owed to Us by any of the joint Owners.

## Signatures

You hereby apply for membership with Summit Federal Credit Union. You warrant the truth of the information contained in Your Application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You.

By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Summit Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the *Account Agreement, Truth-in-Savings Disclosures, Electronic Funds Transfers, Funds Availability Disclosure, and Privacy Policy Disclosure* related to Your Account(s) and You agree to be bound by the terms and conditions found therein.

If Your Application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Regular Savings Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Summit Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

Income deposited into Your Account(s) that is derived directly from a Social Security Administration benefit (and certain other Government sources), may be protected from set-off, garnishment or an assignment for the benefit of creditors in accordance with applicable law. You should consult with legal counsel in order to determine Your particular rights.

**The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

\_\_\_\_\_  
Applicants (Primary Member) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner 2 Signature

\_\_\_\_\_  
Relationship to Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner 3 Signature

\_\_\_\_\_  
Relationship to Member

\_\_\_\_\_  
Date

## Credit Union Use Only

Member/Owner Identification Verified Via:

- DL # \_\_\_\_\_ State \_\_\_\_\_ Other \_\_\_\_\_
- DL # \_\_\_\_\_ State \_\_\_\_\_ Other \_\_\_\_\_
- DL # \_\_\_\_\_ State \_\_\_\_\_ Other \_\_\_\_\_

Documents Given to member:

- Account Agreement     Truth-in-Savings Disclosures     Electronic Funds Transfers     Funds Availability Disclosure     Privacy Policy Disclosure

OPEN BY/DATE

DISC BY

APPROVED

GROUP #

ID ISSUED BY/DATE

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