



**Northern Indiana
Federal Credit Union**
Better banking. Brighter futures.

MEMBERSHIP APPLICATION AND ACCOUNT AGREEMENT FORM

PRIMARY MEMBER/OWNER

Member/Owner Name _____ Social Security Number _____
 Account Number _____ MAC _____ Email Address _____
 Address _____ City _____ State _____ Zip _____
 Date of Birth _____ MMN: _____ Driver's License # _____
 Home Phone # _____ Work Phone # _____
 Membership Eligibility (Company) _____ / (Family Name/Account) _____
 Employer Name/Address/Phone _____

(Employer info collected for individuals applying for membership via Cat's Society or Family Member)

JOINT OWNER INFORMATION

Joint Owner Name _____ Social Security Number _____
 Account Number _____ MAC _____ Email Address _____
 Address _____ City _____ State _____ Zip _____
 Date of Birth _____ MMN: _____ Driver's License # _____
 Home Phone # _____ Work Phone # _____

JOINT OWNER INFORMATION

Joint Owner _____ Social Security Number _____
 Account Number _____ MAC _____ Email Address _____
 Address _____ City _____ State _____ Zip _____
 Date of Birth _____ MMN: _____ Driver's License # _____
 Home Phone # _____ Work Phone # _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under the penalties of perjury, I, the **Primary Member**, certify that the Social Security Number (SSN)/ Tax Identification Number (TIN) shown is my/the correct identification number, and that I am not subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of failure to report all interest/dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and that I am a U.S. person (including a U.S. resident alien).

SSN/TIN # _____ Signature _____ Date ____/____/____

ACCOUNT OWNERSHIP TYPE

- Individual Ownership
 Joint Ownership with Survivorship
 Trust Account – Subject to Separate Agreement Dated: _____
- Individual with Beneficiary
 Joint with Beneficiary
- Custodian for _____ under the Indiana Uniform Transfers to Minors Act / Minor SS: _____

BENEFICIARY INFORMATION

Unless otherwise noted, funds remaining in the account at the time of death will be distributed equally.

Beneficiary Name	Date of Birth	S/S Number	Relationship	%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A Regular Share Savings account is required to be eligible for other accounts/services/program options available. Account types opened now or in the future are covered by this Account Agreement Form. Accounts selected, and all information indicated on this card applies to all of the accounts listed below, unless indicated on an Account Addendum Form, with equal or subsequent dates of this account card. You agree to all account terms and conditions set forth in the disclosures given to you at the time of opening your account (s).

ACCOUNT PRODUCTS

- Prime Share Savings**
 Standard Checking
 Free Checking with Direct Deposit
- YA Checking
 Holiday/Vacation Club
 Certificate of Deposit - Term _____
- Money Market
 Other _____
 Other _____

ACCOUNT SERVICES

- VISA Debit Card (Debit Card Agreement is mailed with the card)
- Direct Deposit/ Payroll Deduction (Payroll Authorization Card Required)
 Other _____

*** Completion of VISA Debit Card application is required**

ACKNOWLEDGEMENT/AUTHORIZATION

I/We certify that the account information on the Membership Application and Account Agreement Form is complete and true. The undersigned and the joint owners who have signed below acknowledge that they (or one of them) have reviewed and received all relevant account disclosures including the Membership Agreement, Truth In Lending, Fee Schedule, Funds Availability and Privacy Policy for the below services. I understand that a Debit Card Agreement will be mailed with the card. I agree to abide by its terms and conditions and all future revisions thereof by use of the card. The undersigned authorizes Northern Indiana Federal Credit Union to verify credit and checking account history, including reports from credit reporting agencies.

Primary Member/Owner Date

Joint Member/Owner Date

Joint Member/Owner Date