

U-Haul Federal Credit Union

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MEMBERSHIP AND ACCOUNT APPLICATION AND ACCOUNT CARD

Check One: New Application Change in Account

PLEASE TELL US ABOUT YOURSELF

I WOULD LIKE TO OPEN THE FOLLOWING ACCOUNT:

Share Savings Christmas Club Savings Sub savings Checking SSA
 Share Certificate with the following term: ___ months ___ months ___ months
 IRA Savings
 IRA Certificate with the following term: ___ months ___ months ___ months

Credit Union Use Only:
 Member No. _____
 Account No. _____
 Smid No. _____

I AM:

An Existing Member. My member or account number is: _____

A New Member. I qualify for membership because I:

I am employed at one of the following companies: _____
 I am an immediate family member of a current member.
 Current member name: _____ Relationship to current member: _____

I AM THE PRIMARY ACCOUNT OWNER. MY INFORMATION IS AS FOLLOWS: (existing members need only complete name & SSN)

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)		APT/UNIT #	CITY	STATE ZIP
DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH	PLACE OF BIRTH	
I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: Government-issued ID Card, No. _____, State: _____ U.S. Military ID Card, No. _____ U.S. Passport, No. _____ Permanent Resident Card, No. _____ Other, Describe: _____				
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS

I WOULD LIKE THE FOLLOWING JOINT OWNER ON MY ACCOUNT (do not complete if you will be the only owner on the account):

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)		APT/UNIT #	CITY	STATE ZIP
DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH	PLACE OF BIRTH	
I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: Government-issued ID Card, No. _____, State: _____ U.S. Military ID Card, No. _____ U.S. Passport, No. _____ Permanent Resident Card, No. _____ Other, Describe: _____				
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS

IF YOU HAVE ADDITIONAL JOINT OWNERS, PLEASE ATTACH A SEPARATE SHEET WITH THE REQUESTED INFORMATION. ALL JOINT OWNERS MUST SIGN THIS APPLICATION.

(Optional) I would like the following Payable-on-Death Beneficiary, who will receive the funds in this account if I die (or, on a joint account, when all joint owners die):

POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NO.
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ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:

Debit/Check Card attached to my Checking Account (use at ATMs and for purchases at places that accept the Card)
 Additional Card for Joint Owner.
Voice Teller is available to all members by phoning (800) 201-2718.
Virtual Branch is available by logging on to our website and following the instructions.

OVERDRAFTS

Please tell us how you would like overdrafts to be treated by completing the following:
(You must complete BOTH this section and the separate "What You Need to Know about Overdraft Fees" form)

1. **Overdraft Protection Plan.** Under the Overdraft Protection Plan, I may authorize you to pay transactions that would cause an overdraft of my checking account by transferring funds from an existing savings account, or by advancing funds from a line of credit. If I elect Overdraft Protection, you will look to this plan for funds to cover my overdrafts before you use your standard overdraft procedures. If I choose not to elect Overdraft Protection, or I have insufficient funds in my account or insufficient credit available on my line of credit to cover the overdrafts, then your standard overdraft practices will govern. Under those practices, you may (but don't have to) pay checks and automatic bill payments that cause overdrafts; if you do so, you will charge me a fee. If an ATM transaction or one-time debit card transaction causes the overdraft, I must tell you if I want you to pay such transactions or to decline such transactions. (See "What You Need to Know About Overdrafts and Overdraft Fees".)

Yes, I would like Overdraft Protection. Please pay any overdrafts in my checking account by withdrawing deposit account funds or charging the loan account as follows:

(indicate the order you would like funds transferred by placing 1 for first choice, 2 for second choice, etc. If there are not sufficient available funds in your first choice, then funds will be transferred from your second choice, etc.):

_____ Share Savings Account

_____ Line of Credit

I will not be charged a fee for this service.

No thanks; I will use your standard overdraft practices.

2. **Standard Overdraft Practices.** Please complete the "What You Need to Know About Overdrafts and Overdraft Fees" document.

TIN AND BACKUP WITHHOLDING CERTIFICATION Complete the following section:

Under penalties of perjury, I certify that the number shown on this Application as my Social Security Number or TIN is my correct taxpayer identification number, and that (check applicable boxes):

I am not subject to backup withholding

I am subject to backup withholding

I am a U.S. Citizen

I am not a U.S. Citizen and agree to complete a W-8 or other applicable form.

The Internal Revenue Service (IRS) does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

AUTHORIZED SIGNATURES

By signing below, I am applying for membership in the credit union and/or for the accounts and services indicated. I certify that all information provided in this Application is true and complete to the best of my knowledge. I agree to abide by the Bylaws and other rules of the credit union and agree not to cause any loss to the credit union. I acknowledge receipt of, and agree to the terms of, the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, and to any amendments made thereto.

I also authorize you to check my employment and credit history and to obtain credit reports in connection with this application and from time to time to determine my eligibility for credit union products and services, and I acknowledge that you may share information pertaining to my accounts with credit bureaus and others as allowed under applicable law.

Permission to contact: By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including autodialed and prerecorded message calls, from the credit union or its third party debt collector at that number.

Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.

IMPORTANT NOTICE ABOUT PROCEDURES 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. This means that when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying information.

SIGNATURE OF PRIMARY ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

CREDIT UNION USE ONLY

CIP: Verification Completed by: Document described in App
Non-Documentary 3rd Party Verification (credit bureau, etc. - describe:)
Reference from Contacted member by Phone Mail E-mail
Discrepancy/Not Verified (describe): TIN Applied for but not yet received

Services approved: Check Card Overdraft Protection
Special Account - additional paperwork received