

# YOUTH MEMBERSHIP APPLICATION

Primary Account #

PRINCIPAL OWNER (MEMBER) 18 years or younger - Youth Account must be opened with a parent or guardian as a joint owner.

Social Security Number	Last Name	First Name
Date of Birth	Email Address	
Joint Owner (Parent or Guardian) Last Name	Joint Owner First Name	Middle Initial

## HOME ADDRESS

Home Address			Apt/Unit
City	State	Zip	Home Telephone Number

## JOINT OWNER (Parent or Guardian)

Last Name	First Name	Middle Initial
Home Telephone Number	Social Security Number	Date of Birth
Work Telephone Number	Cell Phone	Email Address

## BENEFICIARY DESIGNATION

Name	Address	City	State	Zip Code
1				
2				

PLEASE SUBMIT THIS APPLICATION TOGETHER WITH:

- 1) COPY OF STATE ISSUED ID FOR THE MINOR (Social Security card or Passport)
- 2) COPY OF JOINT OWNER'S STATE ISSUED PHOTO ID (Driver's license or Passport)
- 3) CHECK OR MONEY ORDER FOR \$5

<p>Enclosed is my initial deposit of \$ _____ (Minimum \$5)</p> <p><b>PAYROLL DEDUCTION AUTHORIZATION</b></p> <p><b>EMPLOYEE/AGENT</b></p> <p>I hereby request that \$ _____ be deducted each pay period (monthly for agents) from my earnings for deposit to my regular share account.</p> <p>Signature of Member: X _____</p>	<p><b>ATM CARDS</b></p> <p><input type="checkbox"/> Send card for Primary Member Only      <input type="checkbox"/> Send cards for both Joint Owners</p> <p><b>For Joint Accounts: Both Owners Must Initial Below Regardless of The Number of Cards Issued</b></p> <p>Your Personal Identification Number (PIN) will be selected by computer and sent to you soon after you receive your ATM access card. This is not the PIN code you are selecting below for phone access.</p> <p><b>I/we agree to all the terms of the cardholder agreement and the rules and regulations governing (Share) checking and (share) savings accounts at Financial Assurance Federal Credit Union.</b></p> <p>Initials of Member: X _____      Joint Owner: X _____      Date: _____</p>
---	---

**JOINT SHARE AGREEMENT**

I/We hereby make application for membership in and agree to the Bylaws of the Financial Assurance Federal Credit Union as they now apply or are hereafter amended. The Financial Assurance 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. The joint owners of this account, 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 owner with accumulation 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. The joint owners also agree to the terms and conditions of the account as established by the Credit Union from time to time. Any or all of said owners may pledge all or any part of the shares in this account as collateral security for 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.

Under the penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer Identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to back up withholding.

**ACCESS BY CALL AUTHORIZATION**

I understand that all receipts on transactions that have been affected by PIN CODE access will be sent to my address of record. In the event that my address changes, I shall notify the credit Union in writing immediately. I hereby authorize Financial Assurance Federal credit Union to initiate a PIN access based upon the foregoing information. (Both owners must sign for joint account) This is the PIN for telephone access. Not for ATM access. The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

X _____	Date _____	X _____
SIGNATURE OF MEMBER ( Joint Share Agreement and TIN Certification)		SIGNATURE OF JOINT OWNER

**PIN#** (NOT MORE THAN 4 NUMERIC CHARACTERS)

--	--	--	--

**Please indicate if you would like additional information about the following products and services:**

Visa Platinum credit cards     Unsecure personal loan     Car loan     Checking account

Visa Debit Card     Club account     Certificates of deposit CDs     Online/Mobile Banking

Direct Deposit     Mortgage Resource Center

**Return this completed application to:**  
**Financial Assurance Federal Credit Union, 525 Washington Blvd, 33<sup>rd</sup> Fl, Jersey City, NJ 07310**  
**Phone: (201) 743-5355    Fax: (201) 743-6520**