

Ever dreamed of being a superhero?
Now's your chance! Join

FAFCU's Superhero Savings Team

and star as the hero in your life story.
Your super powers are your age (18
and younger) and your minimum \$5
balance. Fill out the form below and
welcome aboard, super 😊 !

**YOUTH MEMBERSHIP
APPLICATION**

**Principal Owner (member) 18 YEARS OR YOUNGER-
YOUTH ACCOUNT MUST BE OPENED WITH A PARENT
OR GUARDIAN AS A JOINT OWNER**

➤ **Primary member (Minor information):**

Social Security Number: _____

Last, First Name: _____

Date of Birth: _____

Email Address: _____

Home Address: _____

Apt/ Unit: _____

City/ State: _____

Zip Code: _____

Telephone Number(s): _____

➤ **JOINT OWNER (Parent or Guardian):**

Social Security Number: _____

Last, First Name: _____

Date of Birth: _____

Email Address: _____

Home Address: _____

Apt/ Unit: _____

City/ State: _____

Zip Code: _____

Telephone Number(s): _____



➤ **Beneficiary Designations:**

1. Name: _____
Address: _____
City/State/Zip: _____
Social Security Number (optional) _____

2. Name: _____
Address: _____
City/State/Zip: _____
Social Security Number (optional) _____

➤ Enclosed is my initial deposit of \$ _____ (minimum \$5)

➤ **Payroll Deduction Authorization:**

Employee / Agent:

I hereby request that \$ _____

be deducted each pay period (monthly for agents) from my
earnings for deposit to my regular share account.

Signature of Member:

X: _____

Signature of Joint Member:

X: _____

> ATM CARDS:

Check one:

Send card for Primary members only

Send cars for both Joint Owners

For Joint Accounts: Both Owners Must Initial Below Regardless of the Number of Cards issued.

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.

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.

Initials of Member:

X: _____

Joint Owner:

X: _____

Date: _____

> 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.

PIN: (NOT MORE THAN 4 NUMERIC CHARACTERS)

SIGNATURE OF MEMBER: (Joint Share Agreement and TIN Certification)

X: _____

DATE: _____

SIGNATURE OF JOINT MEMBER:

X: _____

DATE: _____

> 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 said to Credit Union which shall not affect transactions theretofore made.

Under the penalties of perjury, I certify (1) that the number show 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.



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

Please return completed application to the following branch locations:

Federal Assurance Federal Credit Union

525 Washington Blvd.
33rd Floor
Jersey City, NJ 07310

Phone (201) 743- 5355
Fax (201) 743- 6520
RongLing@fafcuny.org

OR

120 Madison Street
Tower 1, 5th Floor
Syracuse, NY 13202

(315) 477-4195
Laura@fafcuny.org

Visit our website at
www.fafcuny.org