

Account Number: _____

Member Account Agreement

Date: _____

Credit Union Name & Address

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Joint Owner/Signer Information** space on page 3.

Membership Eligibility

(Please indicate below how you qualify for membership at PAHO/WHO Federal Credit Union.)

- ☐ I qualify for membership through employment or membership in an eligible group.

Employer/Group _____

PAHO/WHO Staff Number _____

PAHO/WHO Duty Station _____

- ☐ I qualify for membership through my family relationship with a member of PAHO/WHO FCU. Restrictions apply.

- ☐ Family member ☐ Retiree

- ☐ Other _____

Existing Member Name _____

Relationship _____

Account # _____

Statements

Monthly/Quarterly Account Statements will be provided via Paper. If you would like to receive an e-Statement, please see associate for more details.

Account Security Password

You are required to choose a password that may be used to verify your identity when requesting information about your account.

Password _____
(type or print clearly)

Password Hint: _____
(We will prompt you with this if you forget your password)

Mothers Maiden Name: _____

US Citizen ☐ Yes ☐ No

If no, then Present Citizenship _____

Alien Registration # / Passport # and Country of Issue _____

Primary Member Information

Title	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Name	
Date of Birth	
Social Security No.	
Physical Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Passport No.	
Employer	
Occupation	
Country of Birth	

Ownership of Account

The specified ownership will remain the same for all accounts.

(For consumer accounts, select and initial.)

- ☐ Single-Party Account _____ ☐ Multiple-Party Account _____

- ☐ Association

- ☐ Trust-Separate Agreement Dated: _____

- ☐ _____

Beneficiary Designation

(Check appropriate ownership above - select and initial below.)

- ☐ Single-Party Account _____

- ☐ Single-Party Account with Pay-On-Death (POD) _____

- ☐ Multiple-Party Account with Right of Survivorship _____

- ☐ Multiple-Party Account with Right of Survivorship and POD _____

- ☐ Multiple-Party Account without Right of Survivorship _____

- ☐ _____

Beneficiary Name(s), Address(es), and DOB(s)

(Check appropriate beneficiary designation above.)

Joint Owner Information	
Title	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Name	
Date of Birth	
Social Security No.	
Relationship to Primary Member	
Physical Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Passport No.	
Employer	
Occupation	
Country of Birth	

Non-Individual Owner Information	
Name	
EIN	
Phone	
Mobile Phone	
E-Mail	
Type of Entity	
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	
Member Qualification/Relationship to Member	

Services Requested	
<input type="checkbox"/> Savings	<input type="checkbox"/> Online Banking
<input type="checkbox"/> Checking	<input type="checkbox"/> IRA
<input type="checkbox"/> Special Savings account	<input type="checkbox"/> e-Pay Bill Payment
<input type="checkbox"/> Debit Card (Checking account required)	<input type="checkbox"/> e-Lerts
<input type="checkbox"/> Paper Checks (Checking Account Required)	<input type="checkbox"/> Share Certificates
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Backup Withholding Certifications	
(If not a "U.S. Person", certify foreign status separately)	
<input type="checkbox"/> By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).	
<input type="checkbox"/> Taxpayer I.D. Number - TIN: _____ The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.	
<input type="checkbox"/> Backup Withholding. 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 backup withholding.	
<input type="checkbox"/> Exempt Recipients. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____	
FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	

Signature(s)	
The undersigned authorize the credit union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned agree to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and acknowledge receipt of copy(ies) of, the following agreements or disclosures:	
<input type="checkbox"/> Terms and Conditions	<input type="checkbox"/> Privacy
<input type="checkbox"/> Electronic Fund Transfers	<input type="checkbox"/> Truth in Savings
<input type="checkbox"/> Substitute Checks	<input type="checkbox"/> Funds Availability
<input type="checkbox"/> Fee Schedule	<input type="checkbox"/> _____
<input type="checkbox"/> Agency Designation (See Owner/Signer Information for Agency designation(s). Agency designation (<i>select and initial</i>): <input type="checkbox"/> Survives OR <input type="checkbox"/> Terminates on disability or incapacity of parties.	

[X _____]	
Primary Owner Signature	Date
[X _____]	
Joint Owner Signature	Date
[X _____]	
Joint Owner Signature	Date

Credit Union Use Only	
Opened By _____	Date _____ Account # _____
Received <input type="checkbox"/> In Person <input type="checkbox"/> By Mail	
Disclosures Provided / Sent By _____	Date _____
Information Verified By _____	Date _____
Scanned Documents _____	Date _____
OFAC Checked _____	Date _____

Joint Owner/Signer Information 2	
Title	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Name	
Date of Birth	
Social Security No.	
Relationship to Primary Member	
Physical Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Passport No.	
Employer	
Occupation	
Country of Birth	

Joint Owner/Signer Information 3	
Title	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Name	
Date of Birth	
Social Security No.	
Relationship to Primary Member	
Physical Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Passport No.	
Employer	
Occupation	
Country of Birth	