

**SUMMIT & AFFILIATE CREDIT UNIONS**

8210 West Market Street Greensboro, NC 27409  
336-662-6200 or 800-632-0210

**Membership Application**

Primary Owner Name (first/middle/last)		Social Security Number	
Street Address (required)		City / State / Zip	Driver License or ID Number:
Post Office Box (to use as an alternate mailing address)		City / State / Zip	State and Date of Issue:
Home Phone	Date of Birth	Account Restriction Password (Optional)	
Employer:		Business Phone & Ext.	Cell Phone
<input type="checkbox"/> Male <input type="checkbox"/> Female	E-Mail Address		

**PLEASE SELECT FROM THE FOLLOWING PRODUCTS/SERVICES**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Primary Savings _____              | <input type="checkbox"/> Christmas _____            | <input type="checkbox"/> ATM Card _____                 |
| <input type="checkbox"/> Free Checking _____                | <input type="checkbox"/> Special Savings _____      | <input type="checkbox"/> Visa Debit Card _____          |
| <input type="checkbox"/> Business Checking _____            | <input type="checkbox"/> Certificate term _____     | <input type="checkbox"/> Audio Response (Call 24) _____ |
| <input type="checkbox"/> Money Market _____                 | <input type="checkbox"/> Investor Certificate _____ | <input type="checkbox"/> Home Banking-24 _____          |
| <input type="checkbox"/> <b>Money Market Investor</b> _____ | <b>Certificate Term.</b> _____ <b>months</b>        | <input type="checkbox"/> <b>E-Statements</b> _____      |
- (i.e. 6, 9, 12, 15, 24, 27, 36, or 39 months)

**IF YOU OPEN A CHECKING ACCOUNT, PLEASE SELECT FROM THE FOLLOWING OVERDRAFT PROTECTION / PRIVILEGE OPTIONS.** Please make your selection(s) by indicating the sequence order desired in the ( ) sections

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Visa Credit Card SFX: ( ) | <input type="checkbox"/> Share Account SFX: ( )    |   |
| <input type="checkbox"/> Line- of- Credit SFX: ( ) | <input type="checkbox"/> Money Market Account: ( ) | Overdraft Privilege:  |
| <input type="checkbox"/> Home Equity LOC SFX: ( )  | <input type="checkbox"/> ( ) Accounts SFX: ( )     | Opt IN <input type="checkbox"/> or Opt OUT <input type="checkbox"/> |
- Note: Refer to your Membership Disclosure Booklet and Truth In Savings Disclosure Supplement for special conditions and terms.*

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

By signing below, I certify, in accordance with IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN) Taxpayer identification Number (TIN) shown is my/the correct identification number and I am NOT, unless designated below, 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 dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

- I am subject to backup withholding.     Exempt     I am not a United States citizen or resident (complete W-8 form).

**AUTHORIZATION**

By signing the application below, I certify that the information provided on this form is true, correct, and complete. I also agree to the terms and conditions of the Membership and Account Agreement.

\*The Primary Owner signature is required to be verified by an employer representative or provide us a copy of a Driver License or Identification Card if he/she cannot be present at the Credit Union for signing.

Primary Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide copy of your Driver License or Identification Card or have your Employer Representative verify your signature:

Employer Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

## INCORPORATED BY REFERENCE

**"EACH OF THE PROVISIONS SET FORTH, ON THE REVERSE SIDE, AND IN THE MEMBERSHIP AND ACCOUNT AGREEMENT ARE PART OF YOUR TOTAL ACCESS MEMBERS SERVICE PLAN. YOU HAVE READ AND UNDERSTAND THE MEMBERSHIP ACCOUNT AGREEMENT FOR EACH SERVICE YOU HAVE REQUESTED.**

By signing this form, you hereby make application for membership in the Summit Credit Union and agree to subscribe for at least one share. You represent that all information you have provided is complete and correct to the best of your knowledge and you agree to furnish such other information as we may request from time to time. You authorize the credit union to check your credit and employment history, to request and use reports regarding the same, and to answer questions about its credit experience with you. At your request we will tell you whether we ask for a report from a credit reporting service and if so, the name and address of the agency or agencies. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on any application made to a financial institution whose deposits are insured by a government agency. You acknowledge that you have received a copy of and agree to be bound by the terms of the Membership and Account Agreement, Truth in Savings Rate, Fee and Disclosures, Electronic Fund Transfers Agreement and Disclosure, Funds Availability Policy, and Privacy Disclosure and to any amendments the credit union makes to any of these agreements from time to time, all of which are incorporated herein by reference. You agree to conform to the credit union's bylaws, rules, and policies and procedures now in effect and as amended or adopted hereafter. If you have designated any account to be opened as a multiple-party account with right of survivorship, then on the death of one party to the account, all sums in the account on the date of death vest in and belong to each surviving party as their separate property and estate. By accepting funds we pay into your account (s) or otherwise deliver to you on your behalf, you acknowledge your receipt of money, goods, or services requested by you under the applicable agreement. The foregoing shall apply with regard to any financial service you request now and in the future pursuant to your Membership and Account Agreement.

**\* By signing this form, you certify under penalties of perjury (1) that the number shown on this form is your correct taxpayer identification number (or you are waiting for a number to be issued to you), (2) that you are not subject to backup withholding because (a) you are exempt from backup withholding, (b) you**

have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding, and (3) you are a U.S. person (including a U.S. resident alien).

**Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 above and complete IRS Form W-8BEN if you are not a U.S. person.**

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT AND ID VERIFICATION: 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.**

**What this means for you:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to positively identify you. We may also ask to see your driver's license or other identifying documents. In an effort to protect you and your identity, we may also ask you to show positive proof of identification in connection with all future transactions.

## INCORPORATION BY REFERENCE AND SIGNATURES

Each provision set forth above and on the reverse side is part of your total access member service plan. Before you sign on the reserve side be sure you have read and understand the agreement for each service you have requested. Caution – It is important that you thoroughly read the contract before you sign it. The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.