



**HONOLULU FIRE DEPARTMENT
FEDERAL CREDIT UNION**
1200 N. School Street
Honolulu, HI 96817
Phone: (808) 853-2355
Fax: (808) 853-2280



ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Designate the ownership of the accounts and responsibility for the services requested.

Individual Joint Account with Survivorship Other:

Member No: _____

Member/Owner (Last, First, MI): _____

Mailing Address: _____

SSN/TIN: _____

Residence Address: _____

ID Type/Number: _____

Home Phone: _____

ID Issue Date: _____

ID Exp. Date: _____

Work Phone: _____

Date of Birth: _____

E-mail: _____

Mother's Maiden Name: _____

Membership Eligibility: _____

ACCOUNT OWNERSHIP

Joint Owner (Last, First, MI): _____

SSN/TIN: _____

Street: _____

ID Type/Number: _____

City/State/Zip: _____

ID Issue Date: _____

ID Exp. Date: _____

Home Phone: _____

Date of Birth: _____

Work Phone: _____

Membership Eligibility: _____

Joint Owner (Last, First, MI): _____

SSN/TIN: _____

Street: _____

ID Type/Number: _____

City/State/Zip: _____

ID Issue Date: _____

ID Exp. Date: _____

Home Phone: _____

Date of Birth: _____

Work Phone: _____

Membership Eligibility: _____

ACCOUNT DESIGNATIONS

Payable on Death (POD/Trust Account)

Beneficiary/POD Payee: _____

Beneficiary/POD Payee: _____

Relationship: _____

Relationship: _____

HUTTMA (as custodian for
under the Hawaii Uniform Transfers to Minors Act)

(minor)

Minor's SSN/TIN: _____

Date of Birth: _____

Custodian: _____

Successor Custodian: _____

Other _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am 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 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Fee Schedule, Funds Availability Policy Disclosure, and Electronic Funds Transfer Agreement and Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I /We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein, or that copies will be mailed to me/us if the account is not opened in person. I/We also authorize the Credit Union to check account, credit, and employment history to verify eligibility for the accounts and services requested.

If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I agree that I may ask for additional account products and services by mail-in request or calling the Credit Union.

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

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

FOR CREDIT UNION USE ONLY

See Account Change Card

See Account Authorization Card

OFAC Passed

Opened by: _____

Membership Approved by: _____

Unicheck code: _____

Date of Membership: _____