



## Unilever Federal Credit Union

### MEMBERSHIP APPLICATION KIT

#### Instructions:

1. **Membership Application Form** - Fill in appropriate information including social security number, driver's license number, etc.
2. Complete joint owner section if you are adding a joint owner or a beneficiary.
3. If joint owner/submit copy of driver's license.
4. Sign form (including joint owner signature).
5. No deposit is required when you register for Direct Deposit/Payroll Deduction. \$50.00 deposit is required without Direct Deposit/Payroll Deduction.
6. If you wish to start other accounts (checking, debit card, holiday club, etc.) a separate application is required for each service. Check the appropriate box and we will mail you an application.
7. Direct Deposit/Payroll Deduction form is attached.  
**For net pay**, use section A  
**For a deduction to savings** account or any other account (holiday club, etc), use section B -Payroll Deduction. Be sure to indicate amount PER DAY PERIOD that you want deducted.

**RETURN ALL COMPLETED FORMS TO:**  
**Unilever FCU (mail code A-71)**  
**800 Sylvan Avenue**  
**Englewood Cliffs, NJ 07632**  
**Attn: New Accounts**

#### **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

##### **US PATRIOT ACT**

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 TO YOU**

When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.



# Membership & Account Application

## Primary Owner Information

Member/Owner		Member Account No.			
SSN/TIN		Driver's Lic. No.			
Current Address		City		State	Zip
Home Phone		Date of Birth		Mother's Maiden Name	
Date of Employment		E-mail			
Employer		Work Phone		Unilever Retiree /Location: Date:	
Address		City		State	Zip
If joining through family, please enter their name and relationship					

## Joint Owner Information

Designate the ownership of the accounts and responsibility for the services requested. <input type="checkbox"/> Individual <input type="checkbox"/> Joint account with Survivorship					
Joint Owner/Custodian					
SSN/TIN		Driver's Lic. No.			
Street		City		State	Zip
Date of Birth		Mother's Maiden Name			
Home Phone		Work Phone		E-mail	

## 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

I hereby make application for membership in the UNILEVER FEDERAL CREDIT UNION and agree to conform to its laws and amendments, thereof, and subscribe for at least one share (\$50.00) Your deposit represents your "share" of ownership in Unilever FCU. No deposit is required when you register for Direct Deposit/Payroll Deduction. A photocopy of a valid ID (Driver License, Unilever Badge, etc) is required for all signers on the account.

Signature (Primary Owner Signature)

Date

(Joint Owner Signature)

Date

## Account Type

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the Credit Union is notified in writing of a change.

Please check items applying for:

<input type="checkbox"/> Primary Savings Account	Suffix*	<input type="checkbox"/> Secondary Checking Account	Suffix*
<input type="checkbox"/> Primary Checking Account		<input type="checkbox"/> Holiday Club	
<input type="checkbox"/> Sub account		<input type="checkbox"/> Diners	

\*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed above. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

## Account Services

Please check items of interest:

<input type="checkbox"/> Payroll Deduction/Direct Deposit \$	<input type="checkbox"/> Mortgages
<input type="checkbox"/> CD'S/IRA'S	<input type="checkbox"/> VISA Debit Card No.
<input type="checkbox"/> Home Banking	<input type="checkbox"/> Access Plus Bill Pay

## FOR INTERNAL USE ONLY

This application approved by the  Membership Officer

Signed (Person representing approver of application)

Date



Authorization Agreement - Please complete either section A or B; and C

Section A DIRECT DEPOSIT

I hereby authorize my Payroll Department and Unilever Federal Credit Union to deposit/change/cancel amounts automatically deposited to my account each pay period. This authorization will remain in effect until further notice. I also authorize the return of any funds that I am not entitled to.

Employee Name: Social Security Number:
Work Location: Home Phone:
Name of Institution: Unilever Federal Credit Union Routing Transit Number: 221275711
Account Number:

ACCOUNT TYPE ACTION AMOUNT
(Check One) (Check One) (Check One)
Checking Savings New Change Cancel
Increase To: Decrease To:
New Total \$
Percent (%) of Net Pay
(See distribution below)

For checking, please attach a voided check (not a deposit slip)

Section B PAYROLL DEDUCTION

I hereby authorize my employer to deduct/change/cancel \$ from my salary to my account (see distribution below). This authorization will remain in effect until further notice.

ACTION New Change Cancel

Employee Name: Social Security Number:
Account Number:

Section C DISTRIBUTION OF FUNDS

Savings Checking
Holiday Club Other
Loans (Amounts determined by Credit Union) New Total

SIGNATURE

I have read and agree to the above requirements for authorizing Direct Deposit and /or Payroll Deduction

Print
Signature Date

Due to timing differences, a delay in requested changes may occur or a check may be received after this form was submitted.

Please return the completed form to: UFCU, 800 Sylvan Ave, Englewood Cliffs, NJ 07632