



RTP Federal Credit Union
Life is full of possibilities. Get your share.

RTP Federal Credit Union
P.O. Box 12807, RTP, NC 27709
(919) 941-5700

Membership Application

To apply for membership, complete this application and bring it to any RTP Federal Credit Union branch location with: **1) your valid driver's license or passport, 2) verification of employment or association membership (if applicable) and 3) an initial minimum deposit of \$25** (checks payable to RTP Federal Credit Union). You may also submit your application by mail to RTP Federal Credit Union, P.O. Box 12807, RTP, NC 27709. We require notarized signature(s) on all applications returned by mail, and you must include a photocopy of your driver's license/passport. Please do not mail cash.

Please fill out this form in its entirety. If you are unsure how to fill out this form, please call RTP Federal Credit Union at (919) 941-5700. Returning incorrect, incomplete or unsigned forms will delay the processing of your request.

Check One:

- US Citizen
 Resident Alien
 Non-Resident Alien

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner: _____
Street: _____
City/State/Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Eligibility for Membership: _____

Member Number: _____ (Credit Union will assign)
SSN/TIN: _____
DL #: _____ State _____ Exp. _____
Date of Birth: _____
Employment: _____
Email: _____
Secure Word: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT - 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 does this mean to you?** When you open an account, we will ask you 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. If we are unable to verify your identity, the account will not be opened. **We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.**

ACCOUNT OWNERSHIP

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

- Individual Joint Account with Rights of Survivorship

Joint Accounts have Rights of Survivorship unless you provide us with written directions not to elect rights of survivorship on the account(s). Upon the death of one joint owner, the surviving owner(s) will have equal rights of ownership. The balance in the account(s), excluding IRA Accounts, belongs to the surviving joint owner(s). If a survivorship option has not been indicated here, your accounts will be designated as Joint with Survivorship.

Joint Owner #1: _____
Street: _____
City/State/Zip: _____
Home Phone: _____
Work Phone: _____

SSN/TIN: _____
DL #: _____ State _____ Exp. _____
Date of Birth: _____
Email: _____
Cell Phone: _____

Joint Owner #2: _____
Street: _____
City/State/Zip: _____
Home Phone: _____
Work Phone: _____

SSN/TIN: _____
DL #: _____ State _____ Exp. _____
Date of Birth: _____
Email: _____
Cell Phone: _____

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.

- | | | | | | |
|--|---------------|--|---------------|---|---------------|
| <input type="checkbox"/> Share/Savings _____ | Suffix: _____ | <input type="checkbox"/> Vacation Club _____ | Suffix: _____ | <input type="checkbox"/> Triangle Teens Share _____ | Suffix: _____ |
| <input type="checkbox"/> Basic Checking/Share Draft _____ | | <input type="checkbox"/> Christmas Club _____ | | <input type="checkbox"/> Triangle Teens Share Draft _____ | |
| <input type="checkbox"/> Interest Checking/Share Draft _____ | | <input type="checkbox"/> Share Certificate _____ | | <input type="checkbox"/> Triangle Kids Share _____ | |
| <input type="checkbox"/> Money Fund _____ | | <input type="checkbox"/> Other _____ | | | |

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit _____
 Overdraft Protection (indicate transfer priority below): _____
 Home Banking _____
- Debit Card _____
 Touch Tone Teller _____
 Other _____

