MEMBERSHIP APPLICATION

ESTABLISH MEMBERSHIP

Print Name:
Date of Birth:
Address:
City, State, Zip
Drivers License No.
Mother's Maiden Name:
Home Phone:
Business Phone:
e-mail address:

ELIGIBILITY

I am an employee of : **____ Nissan North America** **____ Other NNA affiliate, indicate name**
__Nissan Contractor
__Other
I am being referred by: **(name:)**

Joint Owner (must sign this application)

Joint Owners Name:
Social Security Number:
Date of Birth:
Address:
City, State, Zip
Drivers License No.
Mother's Maiden Name:
Home Phone:
Business Phone:
Occupation:
Employer:

CHECKING ACCOUNT PACKAGE

☐ **Checking Account**

My $100 opening deposit will be made by:

____ Transfer $100 from my savings account
____ My $100 check is enclosed

☐ **Overdraft Protection**

Overdrafts (from your checking account) may be covered by automatic transfer as indicated below: Please place a number (1,2,3) to indicate order of transfer:

___ Primary will be my share (Savings) Account
___ Next from my line of credit (requires a separate credit application.
___ Lastly, Another account on which I am a joint owner.
___ I elect NO Overdraft protection.
___ Call me, I have some questions.

☐ **Check Order Please order my checks based on this information.**

Name (Please print)
Joint Owner (Please print)
Address:
City, State, Zip
Home phone # (optional)
Special Info (optional)
Check Style / Quantity / Starting #

ADD a beneficiary

Beneficiary(ies)-- In the event of my death, or if there is more than one owner of this account, in the event of the death of all the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account(s)
Name #1 (please print) Relationship
Address / City / State / Zip
Home phone ( ) Work phone ( )
Date of birth / S.S.N. or Drivers Lic #
Name #2 (please print) Relationship
Address / City / State / Zip
Home phone ( ) Work phone ( )
Date of birth / S.S.N. or Drivers Lic #

SERVICE INFORMATION

Account Access – I would like additional account access by:

☐ **ATM/DEBIT** Card ___ Owner Only
____ Owner & Joint Owner
☐ **Z-Line** (audio response)

Please contact me…. I am interested in:
___ Savings ____Consumer Loans ____**VISA@**
___ Investments / CDs ____Youth Accounts
___ IRA's ____ Checking Accounts

TAXPAYER I.D. & BACKUP WITHHOLDING

1. Taxpayer Identification (**REQUIRED**)
Enter the taxpayer identification number in the appropriate spaces. For most individuals, this is the social security number.
_____ - _____ - _____

2. Backup Withholding (for accounts opened after Dec '83)

☐ Check this box if you are subject to backup withholding under the provisions of Section 3405(a) (1) (C) of the Internal Revenue Code.

CERTIFICATION: The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding. Under the penalty of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number. (2) I am not subject to withholding because: (a) I am exempt from backup withholding, (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.

X_____ _____
Signature (Required) ***Date***

AUTHORIZATION & SIGNATURES

Agreement: In this membership Application "I" and "My" mean each and every person who signs below. "You" and "Your" means Veritas Federal Credit Union. I hereby make application for membership in Veritas Federal Credit Union. By signing the Signature Card below, I am requesting access to the Z-Line Audio Response System. By signing the signature card below, I agree to conform to your bylaws as well as all applicable items and conditions set forth in the Account Agreement, Truth in Savings Disclosure, The Certificate Account Agreement and Disclosure, (if applicable) and Electronic Services Disclosure and Agreement (receipt of all of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Membership Invitation shall govern the Regular Share, the Checking Account, ATM Card and the Audio Response Service and other accounts designated above. I authorize you to open other account(s) for me in person or per my telephone request.

By signing below, I also authorize you to gather whatever credit, account and employment information you consider appropriate from time to time. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Membership Application and other information you may receive and that I waive my rights to confidentiality of my records with the California Department of Motors Vehicles (DMV) and authorize you to obtain such information from the (DMV).

X_____ _____
Applicants Signature *Date*

X_____ _____
Joint Owner Signature *Date*