

## Youth Membership Application School Banking

- I have included my \$1 initial deposit.**  
 Eligibility  School banking program at: (school name) \_\_\_\_\_  
 Or  Lives, works, worships or attends school in the State of New York, City of: (please circle one)  
 Albany Cohoes Mechanicville Rensselaer Schenectady Troy Watervliet Town of Green Island

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 4. Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 5. Home Phone # \_\_\_\_\_  
 6. E-mail Address: \_\_\_\_\_ 7. Mother's maiden name or word to be used as a "lock warning/security" code: \_\_\_\_\_

**Joint Member (Must be at least 18 years old.)**

- I have included a copy of a valid ID.** A Joint Member is an individual who has:  
 established membership with CAP COM FCU and, if qualified, is eligible for all products and services.  
 eligibility: \_\_\_\_\_ employer \_\_\_\_\_ relative (name) \_\_\_\_\_ (relationship) \_\_\_\_\_  
 lives, works, worships or attends school in the State of New York, City of: (please circle one)  
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8. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 9. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 10. \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Live with others How long? \_\_\_\_\_  
 11. Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 12. Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Driver's License#/State \_\_\_\_\_  
 13. E-mail Address: \_\_\_\_\_ 14. Mother's maiden name or word to be used as a "lock warning/security" code: \_\_\_\_\_  
 15. Employer Name \_\_\_\_\_  
 16. Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

18. I authorize CAP COM FCU to establish or add the following accounts/services:  
 Holiday Club  Members Choice Club  Money Managers Club  College Savings Club  Name your own club \_\_\_\_\_



### Beneficiary Designation – Payable on Death

All living joint owners/members on Account supersede beneficiaries.

Beneficiary/Payee \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Beneficiary/Payee \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

- I hereby apply for membership at CAP COM FCU. I agree to conform to its laws and amendments thereof and subscribe for at least one share. I also agree to the terms and conditions of any account that I have at the Credit Union, now or in the future and agree that the terms and conditions may change from time to time.
- **Under penalties of perjury, I certify: (1) that the number shown on this form is my correct Taxpayer Identification number, (2) that I am NOT subject to backup withholding (either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding); and (3) that I am a U.S. person (including a U.S. Resident Alien).**
- Statutory Lien Notice – Except as otherwise provided by federal law, CAP COM FCU has the right to impress and enforce a statutory lien against a member’s shares and dividends in the event the member fails to satisfy a financial obligation to the Credit Union. The Credit Union has the authority to enforce this statutory lien right without further notice to the member. A member’s financial obligations include, but are not limited to, outstanding loan balances, NSF (insufficient funds) checks and related fees.
- If more than one beneficiary is named, proceeds will be equally distributed. The named beneficiaries can only be changed by written authorization signed by all account owners.
- My signature below is evidence that everything stated is correct to the best of my knowledge. My signature also authorizes CAP COM FCU to obtain a consumer credit report in connection with this process and for any update, renewal, or extension of credit received; and at my request, the Credit Union will supply me with the name and address of any credit bureau from which it will receive, or has received, a consumer report on me. I am aware that completion of this membership application is not to be considered as an application for credit.
- Agreement: CAP COM FCU is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with CAP COM FCU that all sums now paid in on shares, or heretofore or hereafter paid on shares by any or all of the joint owners to their credit as such joint owners with all accumulation thereon, are and shall be owned by them jointly, with the right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge CAP COM FCU from any liability for such payment.
- You have read the agreement for each service for which you have applied. By signing below you acknowledge receipt and agree to be bound by the terms of the agreement for each service checked on the front of this application.

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

Primary Signature: (child’s name) \_\_\_\_\_ By: (parent’s name) \_\_\_\_\_

Joint Signature (must be notarized or witnessed by a CAP COM Employee): \_\_\_\_\_

(Note: any future products or services established on this account are the responsibility of all parties. If this application is for a child’s account, please PRINT the child’s name then WRITE “by” and sign your name as parent/guardian. We require a child’s account to be opened with a joint owner at least 18 years of age.

#### TO OPEN/CHANGE AN ACCOUNT, AT CAP COM FCU, YOUR SIGNATURE MUST BE NOTARIZED:

The above signature was notarized in the State of \_\_\_\_\_ County of \_\_\_\_\_ this \_\_\_\_ Day of \_\_\_\_\_, Year \_\_\_\_\_.

Before me personally came to me known and known to me to be the individual described in and who executed the attached instrument, and he/she duly acknowledged that he/she executed the same.

NOTARY PUBLIC: \_\_\_\_\_

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The above signature was notarized in the State of \_\_\_\_\_ County of \_\_\_\_\_ this \_\_\_\_ Day of \_\_\_\_\_, Year \_\_\_\_\_.

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NOTARY PUBLIC: \_\_\_\_\_

#### Office Use Only

Credit pulled \_\_\_\_\_ OFAC \_\_\_\_\_ PreApp \_\_\_\_\_ TIS Disc \_\_\_\_\_ Chex \_\_\_\_\_ ID copied \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_ Account Number \_\_\_\_\_