

JUDD'S FEDERAL CREDIT UNION MEMBERSHIP APPLICATION

To be completed by the Applicant(s). Please print clearly.

NAME (First, Middle, Last): _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ - _____ - _____ WORK PHONE: _____ - _____ - _____ EXT# _____

PLACE OF BIRTH: _____ DATE OF BIRTH _____

SOCIAL SECURITY #: _____ - _____ - _____ EMAIL: _____

EMPLOYER _____ DEPT/OCCUPATION _____

HUSBAND'S FIRST OR WIFE'S MAIDEN NAME: _____

MOTHER'S MAIDEN NAME: _____

Please complete the application with your signature on this card. By signing on the reverse side, I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the Judd's Federal Credit Union. I also agree to the terms and conditions of any accounts that I have in the Judd's Federal Credit Union now or in the future and agree that the Credit Union may change those terms and conditions from time to time.

NOTE: ALL APPLICANTS MUST PROVIDE A CLEAR COPY OF THEIR VALID DRIVER'S LICENSE and make an opening deposit of \$5.00.

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## Credit Union Use ONLY (To be completed by the Credit Union)

This Application was (check one)  APPROVED  DECLINED by  Board  
 Executive Committee  Membership Officer

Person representing approval of the Application

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Membership Eligibility: \_\_\_\_\_

Other Account Numbers:

Joint Account Number \_\_\_\_\_

Joint Account Number \_\_\_\_\_

# JUDD'S FEDERAL CREDIT UNION

16501 Shady Grove Rd., Gaithersburg, MD 20898-9201

TELEPHONE: 301-869-8770 / FAX: 301-519-9843

## Certification of Taxpayer Identification/ Social Security Number and Backup Withholdings

INSTRUCTION TO SIGNER: If the Internal Revenue Service (IRS) has advised you that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below.

Under penalties of perjury, I certify

- (1) That the number shown on this form is my correct taxpayer identification number or Social Security Number and
- (2) That I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Non-Transferable Joint Share Account Agreement

The Judd's Federal Credit Union is hereby authorized to recognize any of the subscribed below in the payments of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time.

Any or all of said joint owners might pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union.

The right or authority of the credit union this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit, which shall not affect transactions theretofore made.

SS NUMBER/TAX ID#	JOINT OWNERS SIGNATURE (each must sign)	DATE OF BIRTH
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Consent of Spouse (to be completed in some states if join owner is other than spouse of member)

Approved and consented to: _____

Signature of Spouse

Date