



OFFICIAL CREDIT UNION USE ONLY

ACCT#: _____

Date Opened: _____ C.U. Initials: _____

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

First Name:		Last Name:		Middle Initial:
Gender: ___ Male ___ Female		Date of Birth:	SSN: - -	
Home Address:				
City:	State:	ZIP Code:	Date of Residence:	
Mailing Address <i>(Only if different from above):</i>				
City:	State:	ZIP Code:		
Home Phone:	Cell Phone:	Work Phone:		
Employer:			Occupation:	
Department:	Hire Date:	Membership Eligibility:		
Mother's Maiden Name:		E-mail:		

DESIGNATION OF BENEFICIARIES

This designation shall be effective only when delivered and filed with the credit union duly executed by the member and during the lifetime of the beneficiary designated. I, being a member of HTIFCU, do hereby designate the following as my beneficiary, if living, to receive any and all sums of my money in the account. This designation takes precedence over any earlier designation wherever and however made. I hereby reserve the right to change the beneficiary herein designated.

#1 First Name:		Last Name:		Middle Initial:
Address:			City:	
State:	ZIP Code:	Relationship:		
#2 First Name:		Last Name:		Middle Initial:
Address:			City:	
State:	ZIP Code:	Relationship:		

ACCOUNT OPTIONS & ADD-ONS

<input type="checkbox"/> Regular Share Account	<input type="checkbox"/> Keiki Share Account
___ Single Account	___ Joint Account
Checking Account Type: ___ Unlimited (free, non-interest) ___ Interest Bearing (\$300 monthly min.)	
Debit Card: ___ Yes ___ No	

(See Reverse)



MEMBERSHIP ACCOUNT AGREEMENT

SSN CERTIFICATION & BACK-UP WITHHOLDING INFORMATION

Enter your Social Security Number (SSN) or Employer Identification Number (EIN) in the appropriate box:

SSN: - -

EIN:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, or I am waiting for a number to be issued to me;
2. I am not subject to back-up withholding because (a) I am exempt from back-up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up withholding as a result of a failure to report all interest or dividends;
3. I am a U.S. citizen (including a U.S. resident alien).

Certification Instructions:

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to back-up withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct SSN.

Signature

Date

APPLICATION CONFIRMATION & AUTHORIZATION

I/we certify that everything stated in this application is correct to the best of my/our knowledge. The Credit Union is authorized to verify employment and/or membership eligibility. I/we also agree to all rules governing this account as disclosed. I/we understand that the rules governing this Share Draft Account, its rates, and fees may change at any time.

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings Disclosure (if applicable), and to any amendment the Credit Union makes from time to time, which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM card or EFT (electronic funds transfer) service is requested and provided; I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.

Signature

Date

Joint Member's Signature (If applicable)

Date