



**Health Alliance
Federal Credit Union**
In Service to the Community

MEMBERSHIP APPLICATION

1. Field Of Membership

Please select one: I am a US Citizen or Permanent Resident Alien I am a Non-Permanent Resident Alien (Please include a copy of your Visa (H1-B) and the additional "Required Identification" described below)

Membership Eligibility: I am (please select one):
 CHA Employee A retiree of CHA Family member of CHA Employee

Required Identification: In order to open your account, you are required to provide a copy of a government issued ID (ie a driver's license or passport) and your CHA ID. If applying by mail, please provide a true and legible photocopy of both ID's. Retirees, immediate family members, or household members only need to provide a government ID.

2. Primary Owner Information

Member/Account #: _____

First Name: _____ Last Name: _____ MI: _____ Male Female

Mother's Maiden Name: _____ Social Sec. #: _____ Date of Birth: ____/____/____

Drivers License #: _____ Email Address: _____

Current Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell: _____

3. Joint Owner Information

First Name: _____ Last Name: _____ MI: _____ Male Female

Mother's Maiden Name: _____ Social Sec. #: _____ Date of Birth: ____/____/____

Drivers License #: _____ Email Address: _____

Current Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell: _____

The credit union is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. The joint owners agree with each other and with said credit union that all sums now paid in on shares, or heretofore or thereafter paid in on shares by any or all of said owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with 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 said 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 and all of said joint owners my 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 of authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions theretofore made.

4. Accounts and Services

When you apply for membership, you are opening a Savings Account with a minimum balance of \$5.00.

Please check additional accounts/services you wish to open or apply for:

Payroll Deduction/Direct Deposit

Checking Account

What information would you like printed on your checks? Primary Owner name Joint Owner name address Phone

Starting check number: _____

Optional Share to Share Overdraft Protection: Funds are transferred from your Savings to your Checking to cover withdrawals by check or ACH if insufficient funds are available. Accept Decline

Other Savings Accounts: Holiday Club Account Vacation Club Account

5. Certification of Taxpayer Identification Number (TIN)

Under penalties of perjury, I certify that: (1) I am a U.S. person (including a US resident alien). If you are a foreign person complete Form W-8 BEN. (Available at www.irs.gov/pub/irs-pdf/fw8ben.pdf) (2) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (3) I am not subject to backup withholding because I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest; or because the IRS has notified me that I am no longer subject to backup withholding; or I am exempt from backup withholding.

Certification instructions: Cross out number (3) above if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all dividends or interest on your tax return.

6. Account Designations

_____ Payable on Death (POD)/Trust Accounts

_____ All Accounts _____ Designate Specific accounts: _____

Beneficiary/POD Payee _____ Beneficiary /POD Payee _____

Address _____ Address _____

_____ **UTMA/UGMA** (as custodian for _____ (minor) under the

Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: _____

7. Agreement and Authorization

I/We, hereby agree to By-Laws, Rules and Regulations of the Credit Union now in force and any which may hereafter be adopted. This includes conforming to the terms and conditions of the Truth in Savings Disclosure and Account Agreements, the Federal Truth in Lending Disclosure, the Schedule of Fees and Charges and the Funds Availability Policy Disclosure. Each signer agrees that the Credit Union may, in accordance with Section 326 of the USA Patriot Act, obtain any credit reference necessary, including but not limited to National Check Protection Service, and verify and record information that identifies each person who opens an account. Per Reg V, also know as the FACT ACT, the Credit Union 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. I, We, also agree to the regulations governing use of a negotiable order to withdraw. I, We, therefore subscribe for at least one share.

Under penalties of perjury I, We, certify that the information on this application is true, correct, and complete. And if proven otherwise you may demand payment in full on my debt I have outstanding with you or revoke any service I use.

P L E A S E S I G N H E R E

Member Signature

X _____ Date _____

Joint Owner Signature

X _____ Date _____