



Affinia FCU
P.O. Box 1005
Dayton, OH 45401
(937) 485-0160

Membership Application

In order to open an account, all financial institutions are required by the USA Patriot Act of 2001 to obtain information for identity verification purposes. A copy of a driver's license or other state issued photo ID will be needed to provide verification of the account holder's name(s), social security number(s), date(s) of birth and residence address(es). If your driver's license or state issued ID does not include your social security number, a copy of your social security card will be necessary. If your state driver's license or state issued photo ID does not provide the correct address, please provide documentation, such as a credit card bill, electric bill, etc. that lists the current address. Block out any account numbers on the document. Please contact our office for any questions regarding this requirement.

PRIMARY OWNER

Last Name		First Name	M
Birth Date		Social Security Number	
Address			
City		State	Zip Code
Home Phone		Work Phone	

JOINT OWNER

Last Name		First Name	M
Birth Date		Social Security Number	
Home Phone		Work Phone	

JOINT SHARE ACCOUNT AGREEMENT (NOT TRANSFERABLE)

Affinia Federal Credit Union is hereby authorized to recognize any of the signatures subscribed below in payment of funds or transaction of any business for this account. The joint owners of this account hereby agree with each other and the 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 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 withdrawal or receipt of any of them, and payment to any of them or the survivor shall be valid and discharge the Credit Union from any liability to such payment. The right or 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 the Credit Union which shall not affect transactions theretofore made prior to receipt of said written notice.

I hereby make application for membership in Affinia Federal Credit Union and agree to conform to its laws and amendments thereof and subscribe for at least one share.

Certificate: Under penalty of perjury, I hereby certify that the taxpayer identification number provided on this form is true, correct and complete; that I am not subject to backup withholding; and that I am a U.S. person (including a resident U.S. alien).

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

I have read and understand all disclosures on this card.

Primary Owner Signature		Date
Joint Owner Signature		Date
Approved By		Date

Please print application and mail to: Affinia Federal Credit Union, P.O. box 1005, Dayton, OH 45401-1005, or interoffice to OHA2 01-55