



**APPLICATION FOR MEMBERSHIP & SERVICES**

Fort Bragg Federal Credit Union • P.O. Box 70240 • Fort Bragg, NC 28307  
 910-864-2232 • 800-793-2328 • FAX 910-487-8204 • Routing # 253175737  
 www.fortbraggfcu.org

Account # \_\_\_\_\_  
 Date \_\_\_\_\_

**I. PRIMARY MEMBER INFORMATION**

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address/City/State/ZIP \_\_\_\_\_  
CANNOT BE A POST OFFICE BOX  
 Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's Lic. State & # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Present Employer (name & address) \_\_\_\_\_ Phone \_\_\_\_\_  
 Optional password to access your account \_\_\_\_\_  
 Name, address & phone # of relative who does not live with you \_\_\_\_\_

**I qualify for membership with Fort Bragg Federal Credit Union:**  Active Duty/ Retired Military: Expiration Date \_\_\_\_\_  
 Family Member \_\_\_\_\_  Work on Fort Bragg  AUSA  Other \_\_\_\_\_

**II. JOINT OWNER/CO-APPLICANT INFORMATION**

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address/City/State/ZIP \_\_\_\_\_  
CANNOT BE A POST OFFICE BOX  
 Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's Lic. State & # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address/City/State/ZIP \_\_\_\_\_  
CANNOT BE A POST OFFICE BOX  
 Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's Lic. State & # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**III. OWNERSHIP OF ACCOUNT**

SELECT ONE OWNERSHIP TYPE AND, IF APPLICABLE, INCLUDE A BENEFICIARY DESIGNATION. THE OWNERSHIP TYPE AND BENEFICIARY DESIGNATION SPECIFIED ON THIS DOCUMENT WILL REMAIN THE SAME FOR ALL ACCOUNTS LISTED BELOW.

1.  **INDIVIDUAL** (Signature) \_\_\_\_\_
2.  **CREDIT UNION JOINT ACCOUNT WITH RIGHT OF SURVIVORSHIP G.S. 54-109.58**  
 We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that:
  1. The credit union may pay the money in the account to, or on the order of, any person named in the account unless we have agreed with the credit union that withdrawals require more than one signature; and
  2. Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will.
 We DO elect to create the right of survivorship in this account.  
 X \_\_\_\_\_ X \_\_\_\_\_  
 X \_\_\_\_\_
3.  **PAYABLE ON DEATH ACCOUNT G.S. 54-109.57**  
 I/we understand that by establishing a Payable on Death account under the provisions of North Carolina General Statute 54-109.57 that:
  1. During my/our lifetime, I/we may withdraw the money in the account
  2. By written direction to the Credit Union, I/we individually or jointly, may change the beneficiary or beneficiaries
  3. Upon my/our death the money remaining in the account will belong to the beneficiary or beneficiaries, and the money will not be inherited by my (or our) heirs or be controlled by my/our will. X \_\_\_\_\_  
 X \_\_\_\_\_  
 X \_\_\_\_\_
 (Name & Address of Beneficiary) \_\_\_\_\_  
 (Name & Address of Beneficiary) \_\_\_\_\_

**IV. CERTIFICATIONS**

**BACKUP WITHHOLDING CERTIFICATION** – Check box (A) only if true or (B) below:  
 (A)  **By signing, I** (name) \_\_\_\_\_ under the penalties of perjury 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), **and** 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and** 3) I am a U.S. person (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 backup 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 TIN.  
 (B)  A separate W-9 has been completed (or W-8 in the case of a non-resident alien).

**For Credit Union Use Only:** Approved by: \_\_\_\_\_ Teller # \_\_\_\_\_  
 Approved for:  Savings  Kirby  Extreme Teen  Checking – Lite/Iron Mike/Patriot/Horizon  
 (Checkfax Code \_\_\_\_\_ )  
 ODP (\$500 limit)  e-Statements Other: \_\_\_\_\_

**V. CONSENT TO RECEIVE ELECTRONIC DOCUMENTATION**

**THIS IS YOUR CONSENT TO RECEIVE ELECTRONIC DOCUMENTATION AND CONTAINS IMPORTANT INFORMATION CONCERNING THE RECEIPT OF DOCUMENTATION ELECTRONICALLY. PLEASE BE CERTAIN TO READ THIS CONSENT CAREFULLY AND NOTIFY US AT ONCE IF ANY PARTS ARE UNCLEAR**

As permitted by law, You hereby authorize Us to electronically provide any and all documentation (agreements, disclosures, notices, statements, and the like) related to Our various products and services that You may from time to time request and or use. The electronic transmission of such documentation may be conducted in a variety of means such as (a) electronic message ("email") sent to You at the email address specified by You (and/or any other address specified by You. (b) Your active retrieval via the Internet by any Internet access means from a specific Internet location (identified by Us in an e-mail message sent to You by the Credit Union); and/or (c) any other means of electronically providing such documentation. You understand and agree that Your consent will remain in effect until and unless withdrawn by You either in an electronic message sent by You to Us or by written request for withdrawal of Your consent sent by You to the Credit Union. Your withdrawal of consent to receive documentation in this matter will take effect within a reasonable time period following the receipt of Your request. This authorization does not affect Your right to receive such documentation on paper or in a non-electronic form and You may at any time request that any electronically provided documentation be provided in a paper or non-electronic form. You agree to immediately provide Us updated contact information in the event that Your email address (or any other means You have provided Us to contact You) becomes unusable or inaccurate for any reason.

A description of the current means used to provide electronic documentation along with current hardware and software requirements to receive such documentation is provided to You below. You will be provided updated information in the event that We change these methods and/or hardware/software requirements. To receive electronic records, You understand that the use of a device such as a personal computer ("PC") or personal digital assistant ("PDA") that has a graphical user interface, or "browser" capable of accessing and viewing electronic communications reasonably expected to reside on and transmit within the Internet will be required. Additionally, various software, such as that which can view an electronic file in a portable document file ("pdf") format may be required to view certain electronic communications. Our system is currently designed to operate using World Wide Web technologies and protocols which are adaptable to a wide variety of end user systems. More specifically, Our system uses SSL encryption and requires a browser with an appropriate Root CA Security Certificate and uses 40-128 bit encryption, depending upon the specific browser being used to access the system. Some browsers may require an update to their security certificate to properly access the system.

\_\_\_\_\_  
Primary Account Holder (Print Name)

\_\_\_\_\_  
Joint Account Holder (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

**VI. REVIEW THE TERMS OF THE APPLICATION**

FBFCU is under no obligation to pay any check, electronic transfer or authorized draft (collectively referred to as "overdrafts") that exceeds the fully paid and collected balance in your checking account. By signing below, you understand that funds will be deducted from your savings account to cover overdrafts, unless you have funds available from an approved Overdraft Protection Line of Credit. You will be responsible for the resulting balance and subject to finance charges and other terms and conditions as disclosed to you in the Overdraft Protection Line of Credit agreement. You understand that having Non-Sufficient Funds (NSF) items may result in the closure of your checking account. You authorize us to deduct funds from any of your FBFCU accounts to recover funds disbursed to you on any item returned to FBFCU unpaid. If we sustain a loss on any of your accounts, you may no longer be eligible for services, including loans. You authorize us to charge your account the amount necessary to pay for each order of checks.

Disclosures will be provided for each service for which you have qualified. Use of the service by you or your agent certifies that you agree to the terms and conditions set forth in the disclosures.

**VII. LINE OF CREDIT**

Limit \$ \_\_\_\_\_

Annual Percentage Rate (APR): \_\_\_\_\_

I/we certify everything I/we have stated in this Fort Bragg Federal Credit Union Membership Application is true and accurate. I/we authorize you to share this application with any of your affiliates for the purpose of determining whether I/we may qualify for other products you or those affiliates offer. I/we authorize you to check my/our credit and employment history and to answer questions others may ask you about my/our record with you. I/we understand that I/we must update credit information at your request. My/our signature in Section VIII below signifies that I/we have received a copy of the Open End Credit Plan Agreement and Disclosure (the "Agreement"), which is incorporated herein by reference, and that I/we have read, understand, and agree to the terms and conditions printed on both sides of the Agreement. My/our signature below indicates my/our request to obtain a line of credit with Fort Bragg Federal Credit Union with a dollar limit and annual percentage rate as shown above. I/we agree to perform all of the obligations, requirements, and duties contained in the Agreement and related documents. Rates subject to change without notice.

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

You understand that credit insurance is not required as a condition of credit. You are not eligible for coverage if you have attained your 70<sup>th</sup> birthday (Credit Life Insurance) or 66<sup>th</sup> birthday (Credit Disability Insurance). You may rescind this request anytime prior to the date of any credit advance. You authorize the Credit Union to pay said premiums to Creditor Resources, Incorporated. Your issue certificate will explain benefits in detail.

Please indicate your insurance choice(s) here:

YES  NO YOU REQUEST SINGLE CREDIT LIFE INSURANCE • COST: \$.68 PER \$1,000 OF MONTH-END LOAN BALANCE

YES  NO YOU REQUEST JOINT CREDIT LIFE INSURANCE • COST: \$1.15 PER \$1,000 OF MONTH-END LOAN BALANCE

YES  NO YOU REQUEST CREDIT DISABILITY INSURANCE • COST: \$1.30 PER \$1,000 OF MONTH-END LOAN BALANCE

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**VIII. SIGNATURES**

By signing below the undersigned agree to the Credit Union by-laws and the terms and conditions of any approved account, as amended from time to time and authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certify that the information provided on this application is true and correct and that the terms on this application apply to all listed accounts. The undersigned acknowledge receipt (if not in person, disclosures will be mailed) of a copy of the terms and conditions applicable to each listed account and the following policy disclosures:

Funds Availability, Truth-in-Savings, Electronic Fund Transfers, Open End Credit Plan Agreement & Disclosure, & Privacy Notice

(1) X \_\_\_\_\_  
Member Signature (Date)

(2) X \_\_\_\_\_  
Joint Signature (Date) Relationship to Member

(3) X \_\_\_\_\_  
Joint Signature (Date) Relationship to Member

**Proof of Identification will be required by the Credit Union. Please be prepared to provide a government-issued identification card. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you - When you open an account, we will ask for your name, street address, date of birth and other information that will allow us to positively identify you. We may also ask to see your driver's license or other identifying documents.**