

Butler County Teachers Federal Credit Union

112 Campus Lane

Butler, PA 16001

Phone: 724-283-9427 • Fax: 724-283-4838

MEMBER ACCOUNT APPLICATION New Member Account Change

Member Number

Date

Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean Butler County Teachers Federal Credit Union. The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth herein. Words or phrases preceded by a checkbox () are applicable only if the checkbox is marked, e.g., "n/a" means not applicable.

Account Type

All of the terms, conditions, form of account ownership, account selection and other information indicated herein apply to all of the accounts listed unless the Credit Union is notified in writing of a change. The account number for each of the accounts listed consists of the suffix added to the end of your Member Number shown above.

Share Savings _____ Christmas Club _____ Term Share Certificate - Term _____ Other _____

Membership (\$5.25 minimum to join AND current Driver's License for each person on account or signed Social Security Card or Baptism Certificate if no Driver's License) Field of Membership Employee/Retiree OR Previous Member Family Member of BCTFCU Member – Name: _____ Relationship: _____ Account No.: _____**Account Services** Payroll Direct Deposit Payroll Deduction Cash/Check _____**Ownership** Individual Account Joint Account with Rights of Survivorship Joint Account without Rights of Survivorship**Primary Member/Owner**

Name		Birth Date	SSN/TIN	Mother's Maiden Name
Home Phone No.	Cell Phone No.	Email Address		
Street Address				
City, State, Zip				
Identification Type (e.g. driver's lic., passport, etc.)	Identification Number	Country/State of Issue	Issue Date	Expiration Date
Employer		Occupation/Title	Work Telephone No.	

Joint Owner 1 add remove UTMA Custodian Authorized Signer (Describe):

Name		Birth Date	SSN/TIN	Mother's Maiden Name
Home Phone No.	Cell Phone No.	Email Address		
Street Address				
City, State, Zip				
Identification Type (e.g. driver's lic., passport, etc.)	Identification Number	Country/State of Issue	Issue Date	Expiration Date
Employer		Occupation/Title	Work Telephone No.	

Joint Owner 2 add remove Authorized Signer (Describe):

Name		Birth Date	SSN/TIN	Mother's Maiden Name
Home Phone No.	Cell Phone No.	Email Address		
Street Address				
City, State, Zip				
Identification Type (e.g. driver's lic., passport, etc.)	Identification Number	Country/State of Issue	Issue Date	Expiration Date
Employer		Occupation/Title	Work Telephone No.	

Joint Owner 3 add remove Authorized Signer (Describe):

Name		Birth Date	SSN/TIN	Mother's Maiden Name
Home Phone No.	Cell Phone No.	Email Address		
Street Address				
City, State, Zip				
Identification Type (e.g. driver's lic., passport, etc.)	Identification Number	Country/State of Issue	Issue Date	Expiration Date
Employer		Occupation/Title	Work Telephone No.	

Payable on Death (P.O.D) Account – Provide the following information and a photo ID (if possible) to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided among the surviving beneficiaries listed below. Place additional names on a separate sheet of paper.

Beneficiary/POD Payee - Name and Address			Percentage: _____	Beneficiary/POD Payee - Name and Address			Percentage: _____
SSN/TIN	Relationship	Phone Number	SSN/TIN	Relationship	Phone Number		

UTMA (Uniform Transfers to Minors Act)
_____ as custodian for _____ (minor), SSN/TIN _____
under the Uniform Transfers to Minors Act.

Agency – All Accounts Designate Specific Accounts: _____
Name of Agent _____ Signature _____ Date _____
X

Other (describe): _____

Authorized Signers

By signing this authorization, each Authorized Signer identified below jointly and severally certifies and agrees that the terms of the Certificate of Authority apply to the account owner listed above. Each signer further acknowledges receipt of and agrees to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure, all of which are incorporated into and made part of this application. Each signer agrees to the terms and conditions set forth therein and to any amendments we make from time to time.

Name <input type="checkbox"/> Receive account information only	Title	Signature	Date
		X	
Name <input type="checkbox"/> Receive account information only	Title	Signature	Date
		X	

Certificate of Authority

Account Owner. The Account Owner name shown above is the complete and correct name of the Account Owner.

Authorized Signers. The persons signing above (Authorized Signers) presently occupy the positions listed and are authorized to transact business on behalf of the Account Owner. The Account Owner agrees to notify the Credit Union in writing of any change in the Authorized Signers' authority. The Credit Union may request any other evidence of a Signer's authority at any time.

Authority. 1.) Each Authorized Signer listed above (Signer) certifies and agrees that the Account Owner's accounts and services will be governed by the terms set forth in the Master Membership Account Agreement and Rate Addendum and Schedule of Fees and Charges, as amended from time to time. 2.) The Credit Union is directed to accept and pay without further inquiry any item, bearing the signature as indicated above, drawn against any of the Account Owner's accounts listed above. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Account Owner for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transaction under the Agreement. 3.) The authority given to the Authorized Signers shall remain in full force until written notice of revocation is delivered to and received by the Credit Union at the location where the account was opened and maintained. Any such notice shall not affect any items in process at the time notice is given. The Credit Union shall have no duty to inquire as to the powers and duties of any Signer and shall have no notice of any breach of fiduciary duties by any Signer unless the Credit Union has actual notice of wrongdoing. 4.) Any persons indicated above to "Receive account information only", are authorized to receive from the Credit Union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or make any transaction related to the account.

Liability. The Account Owner agrees that the Credit Union shall not be liable for any losses due to the Account Owner's failure to notify the Credit Union of such changes. Account Owner and each Signer agree to indemnify and hold Credit Union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which Credit Union relies prior to notice of any account change.

Important IRS Information - TIN Certification

In accordance with IRS W-9 Instructions and under penalties of perjury, you certify that: (1) The number shown on this form is your correct taxpayer identification number (or you are waiting for a number to be issued to you); (2) Unless indicated below, you are not subject to backup withholding because you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified you that you are no longer subject to backup withholding; (3) Unless indicated below, you are a U.S. citizen or other U.S. person (including a resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

Certification instructions. 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 then you must check the box "I am subject to backup withholding" below. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

I am subject to backup withholding I am exempt I am a foreign person other than a U.S. resident alien (complete IRS form W-8BEN)

Signatures

By signing below, you agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. You warrant the truth of the information contained in your application for membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility and/or credit worthiness. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. If your application for membership is a joint application, any liability created by the use of your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and employment history information. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your Account(s). **The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Important Information About Procedures for Opening a New Account. 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 for you: When you open an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying information.

Consent to Receive Calls. You agree if you provide or have provided any telephone number, including a cell phone number, or email address on this application, other Credit Union form, or verbally, you are giving the Credit Union, its agents, employees, or third parties your consent to contact you at such telephone number(s) or email address(es) to discuss or communicate the status of your accounts or applications. You understand and agree that if we contact you at any telephone number or cell phone number you have provided, you agree that we may contact you whether these numbers are dialed manually or by means of an automatic telephone dialing system, or whether we use a pre-recorded message. You understand and agree that you are not required to consent to telephonic or email contact as a condition of purchasing any property, goods or service (including loans). You may withdraw your consent at any time by contacting the Credit Union by phone, in person or any other reasonable means and informing us of your preferences.

Primary Member/Owner Signature <input type="checkbox"/> Custodian <input type="checkbox"/> Authorized Signer	Date	Joint Owner 1 / <input type="checkbox"/> Authorized Signer Signature	Date
X		X	
Joint Owner 2 / <input type="checkbox"/> Authorized Signer Signature	Date	Joint Owner 3 / <input type="checkbox"/> Authorized Signer Signature	Date
X		X	

Account Verification (For Office Use Only)

SDN List _____ Staff Signature: _____ Board Signature: _____