

New Member Application & Agreement



To begin your UMassFive membership, please complete the following form and return to us by mail:
P.O. Box 1060 Hadley, MA 01035-1060 or scan and email to info@umassfive.org.

Please include copies of two forms of identification, one of which must be an unexpired, government issued photo ID.

Designate the ownership of the accounts and responsibility for the services requested:

- Individual Joint with Right of Survivorship Trust - Separate Agreement (Date: _____)
- Member as custodian for minor under Mass. Uniform Transfers to Minors Act (UTMA) In Trust For Organization

OWNERSHIP INFORMATION

All fields are required. Missing information may cause delays in establishing membership.

Member/Owner: _____

Mailing Address:

Street: _____ City: _____ State/Zip: _____

Physical Address (if mailing address is a P.O. Box):

Street: _____ City: _____ State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Profession: _____

SSN/TIN: _____ Driver's License /ID#: _____ State: _____ Exp: _____

Date of Birth: _____ Email: _____

Membership Eligibility: _____

Security Question (check one): What was your first car? In what city were you born? What is your Father's middle name?

Security Answer: _____

Joint Owner (if applicable):

Street: _____ City: _____ State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Profession: _____

SSN/TIN: _____ Driver's License /ID#: _____ State: _____ Exp: _____

Date of Birth: _____ Email: _____

Security Question (check one): What was your first car? In what city were you born? What is your Father's middle name?

Security Answer: _____

Joint Owner (if applicable): _____

Street: _____ City: _____ State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Profession: _____

SSN/TIN: _____ Driver's License /ID#: _____ State: _____ Exp: _____

Date of Birth: _____ Email: _____

Security Question (check one): What was your first car? In what city were you born? What is your Father's middle name?

Security Answer: _____

WITHHOLDING INFORMATION

Check all that apply.

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).
- (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.
- (3) I am a U.S. person (including a U.S. resident alien). Complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy 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 access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. *The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.*

X _____
Member/Owner Date

X _____
Joint Owner Date

X _____
Joint Owner Date

REQUEST FOR ADDITIONAL SERVICES

In addition to my Primary Savings Account (enclose minimum deposit of \$5), I would like the following:

- EZBank Online Banking
 - with Bill Pay
- Debit Card
- Co-op Advantage Checking Account
- 50 Free Checks printed with my:
 - Name
 - Joint Owner's Name
 - Address
 - Home Phone
- Term Share Certificate with _____ month term (enclose minimum deposit of \$500)
- UMassFive VISA Platinum Credit Card (enclose verification of income)
I would prefer a credit card limit of up to \$ _____
- Other: _____
- Please contact me about:
 - applying for a loan.
 - setting up Direct Deposit.
 - my options for overdraft protection.

FOR CREDIT UNION USE ONLY

Member Number : _____

OFAC/ID Teller #: _____

Patriot Act Disclosure: To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you is that when you open an account, we will ask for your name, physical address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.