

Youth Membership Application

Application must be filled out in its entirety to be processed.

I have included my \$1 initial deposit.

Eligibility School Banking Program at: (school name) _____ Grade _____

Or Employer Relative Name of Relative _____ Relationship _____

Or Lives, works, worships or attends school in the State of New York, City of: (please circle one)

Albany Cohoes Mechanicville Rensselaer Schenectady Troy Watervliet Town of Green Island

Youth Member

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Social Security Number _____ **Date of Birth** _____

Home Phone Number _____

E-mail Address _____ Mother's maiden name or word to be used as a "lock warning/security" code _____

T-Shirt Size (Circle only one): Youth: S M L Adult: S M L

Joint Member (Must be at least 18 years old.)

I have included a copy of a valid ID. A Joint Member is an individual who has:

established membership with CAP COM FCU and, if qualified, is eligible for all products and services.

eligibility: _____ employer _____ relative (name) _____ (relationship) _____

lives, works, worships or attends school in the State of New York, City of: (please circle one)

Albany Cohoes Mechanicville Rensselaer Schenectady Troy Watervliet Town of Green Island

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

_____Own _____ Rent _____ Live with others How long? _____

Social Security Number _____ **Date of Birth** _____

Home Phone Number _____ Work Phone Number _____

Driver's License Number* _____ **State*** _____ **Issue Date*** _____ **Expiration Date*** _____

*Required to process application. Please also include a legible copy of a valid ID.

E-mail Address: _____

Employer Name: _____ Start Date: _____

Employer Address _____ City _____ State _____ Zip Code _____

I authorize CAP COM FCU to establish or add the following accounts/services:

Holiday Club Members Choice Club Money Managers Club College Savings Club Name your own club _____

I would like to learn more about CAP COM's Easy to Switch Checking Account.

Beneficiary Designation – Payable on Death
All living joint owners/members on Account supersede beneficiaries.

Beneficiary/Payee _____ Social Security Number _____

Address _____ City _____ State _____ Zip Code _____ Date of Birth _____

Beneficiary/Payee _____ Social Security Number _____

Address _____ City _____ State _____ Zip Code _____ Date of Birth _____

- I hereby apply for membership at CAP COM FCU. I agree to conform to its laws and amendments thereof and subscribe for at least one share. I also agree to the terms and conditions of any account that I have at the Credit Union, now or in the future and agree that the terms and conditions may change from time to time.
- Statutory Lien Notice – Except as otherwise provided by federal law, CAP COM FCU has the right to impress and enforce a statutory lien against a member’s shares and dividends in the event the member fails to satisfy a financial obligation to the Credit Union. The Credit Union has the authority to enforce this statutory lien right without further notice to the member. A member’s financial obligations include, but are not limited to, outstanding loan balances, NSF (insufficient funds) checks and related fees.
- If more than one beneficiary is named, proceeds will be equally distributed. The named beneficiaries can only be changed by written authorization signed by all account owners.
- My signature below is evidence that everything stated is correct to the best of my knowledge. My signature also authorizes CAP COM FCU to obtain a consumer credit report in connection with this process and for any update, renewal, or extension of credit received; and at my request, the Credit Union will supply me with the name and address of any credit bureau from which it will receive, or has received, a consumer report on me. I am aware that completion of this membership application is not to be considered as an application for credit.
- Agreement: CAP COM FCU is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with CAP COM FCU that all sums now paid in on shares, or heretofore or hereafter paid on shares by any or all of the joint owners to their credit as such joint owners with all accumulation thereon, are and shall be owned by them jointly, with the 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 CAP COM FCU from any liability for such payment.
- You have read the agreement for each service for which you have applied. By signing below you acknowledge receipt and agree to be bound by the terms of the agreement for each service checked on the front of this application.

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

Under penalties of perjury, I certify: (1) that the number shown on this form is my correct Taxpayer Identification number, (2) that I am NOT subject to backup withholding (either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding); and (3) that I am a U.S. person (including a U.S. Resident Alien).

Youth’s Name/Signature: _____ Joint Owner’s Name: _____

Joint Owner’s Signature: _____ Must be notarized*

(Note: any future products or services established on this account are the responsibility of all parties. We require a youth’s account to be opened with a joint owner at least 18 years of age.)

TO OPEN/CHANGE AN ACCOUNT, AT CAP COM FCU, YOUR SIGNATURE MUST BE NOTARIZED*:

The above signature was notarized in the State of _____ County of _____ this ____ Day of _____, Year _____.

Before me personally came to me known and known to me to be the individual described in and who executed the attached instrument, and he/she duly acknowledged that he/she executed the same.

NOTARY PUBLIC: _____

TO OPEN/CHANGE AN ACCOUNT, AT CAP COM FCU, YOUR SIGNATURE MUST BE NOTARIZED*:

The above signature was notarized in the State of _____ County of _____ this ____ Day of _____, Year _____.

Before me personally came to me known and known to me to be the individual described in and who executed the attached instrument, and he/she duly acknowledged that he/she executed the same.

NOTARY PUBLIC: _____

* Notarization is available at all CAP COM branches.

Credit pulled _____ OFAC _____ PreApp _____ TIS Disc _____ Chex _____ ID copied _____
Approved _____ Date _____ Account Number _____