

Please include the following with new member applications:

- 1) Member Application form
- 2) Photo copy of Driver's License or Government Issued Photo ID (Both Primary & Joint Owner)
- 3) Check or Money Order for at least \$25
- 4) Mail to U\$X Federal Credit Union, PO Box 1728, Cranberry Twp, PA 16066-0728

U\$X Federal Credit Union Membership Card	
<input type="checkbox"/> Share/ Saving <input type="checkbox"/> Share Draft/Checking <input type="checkbox"/> ATM Card <input type="checkbox"/> Debit Card	<input type="checkbox"/> Payroll Deduction Card <input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Audio Response
Account # _____	
Primary Owner	Joint Owner
Owner Name _____	Owner Name _____
Home Address _____	Home Address _____
City\ST\Zip _____	City\ST\Zip _____
SSN\TIN _____	SSN\TIN _____
Date of Birth _____	Date of Birth _____
Home Phone _____	Home Phone _____
Driver's Lic. No. _____	Driver's Lic. No. _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Company Employed by _____	Company Employed by _____
TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (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. 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. Cross out item 3 and 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 the certifications required to avoid backup withholding.	
Signature Primary: _____ Date _____	
Signature Joint: _____ Date _____	

PIN REQUEST FORM

I want apply for the following FREE services:

- U\$X Federal Credit Union Phone Access
- Visa Debit Card/ATM Card

You can designate the PIN of your choice by selecting numbers that are meaningful to you and easy to remember. To select your own PIN, complete the entire application below. This number will allow you to access the free services

Applicant Name _____

Applicant Signature _____ Date _____