

Membership Application Instructions

To apply for membership with Truliant Federal Credit Union, simply complete the membership application on page two of this document, print, sign and mail or fax it to the Credit Union:

Truliant Federal Credit Union
Attn: New Accounts
P.O. Box 26000
Winston-Salem, NC 27114-6000
Fax: (336) 659-5381

To make sure your application is complete and ready to process when we receive it, please look over the following tips that correspond with the numbered sections of the membership application:

- ❶ Please click on the box next to the services you are interested in applying for. You will notice that the Savings Account box has already been checked for you in order to establish your membership with the Credit Union.
- ❷ Please complete all information and make sure you include the name of your employer or the name of your relative or household name, through which you are eligible for membership, and where they are employed. Or, include your community affiliation through which you are eligible to join.
- ❸ Please read this important information and send a copy of your driver's license with the application.
- ❹ After all steps are completed, please print the application, sign (blue or black ink) and have any joint owners sign AND initial the services in which they are to be joint owners.
- ❺ This is your Personal Identification Number for your ATM/Check card and 24-hour phone access. Please select four numbers that you will remember and place one number in each box.
- ❻ If you are employed by one of our Business Partners, then you may complete and sign this form to establish direct deposit or payroll deduction. Please complete all information other than your Member Number and remember to sign at the bottom. If you elect to have your entire paycheck directly deposited at the Credit Union, please type NET in the Total Deduction section.

IMPORTANT INFORMATION – Please Read Prior To Sending Application

To establish your membership, we will need to receive a copy of your driver's license and the proper funds for the accounts in which you are requesting to open. You have two options to send payment:

1. **Payroll Deduction** – If you are requesting to have direct deposit or payroll deduction set up, we will debit your account for any monies owed to open the accounts in which you have requested. If you open a checking account, please send a check for \$14.00 to the Credit Union, along with your application. Your checks will not be ordered until the money is received.
2. **Send A Check Or Money Order** – You may send a check or money order made payable to Truliant FCU for the amount needed to open the account in which you have requested. Please note: the total owed may vary depending on the accounts you are opening. Please see information below for the proper amount you should send.

Savings Account (required for membership) - \$5.00 membership fee

Savings & Checking Accounts - \$5.00 membership fee AND \$14.00 for first box of checks (checks will not be ordered until the money is received)

MEMBERSHIP APPLICATION AND ACCOUNT AGREEMENT



I would like to apply for the following Credit Union services (Please complete the attached Payroll Deduction form or include a \$5.00 minimum deposit required for membership):

- Savings Account (SV) with ATM and 24 hour phone access (SELECT PIN BELOW)
 Christmas Club (CC)
 Vacation Club (VC)
 Checking Account (CK) with Visa Debit Card
 Update Information:
 Name Change
 Add Joint Owner
 Delete Joint Owner
 Premier Money Market (MM) (minimum balance \$1,000)
 Performance Plus Money Market (MP) (minimum balance \$2,500)

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Member Name		Social Security #	
Date of Birth	Home Phone #	Driver's License #	State
Home Address: Street		City	State Zip
E-mail Address		Mother's Maiden Name (Security Password)	
Employer		Employer Phone Number	
I qualify for membership in the Credit Union through (Please select only one and complete the information):			
<input type="checkbox"/> My Employer: Employed By _____ <input type="checkbox"/> My Relative / Household Name _____ Relationship _____ <input type="checkbox"/> My Community: City / County _____ (Must Check One) <input type="checkbox"/> Work <input type="checkbox"/> Residence <input type="checkbox"/> Attend Church / School _____ I learned about Truliant from: <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Direct mail <input type="checkbox"/> Coworker/Employer <input type="checkbox"/> Friend/Family <input type="checkbox"/> Other _____			
Joint Owner Name		Social Security #	
Date of Birth	Home Phone #	Driver's License #	
Home Address: Street		City	State Zip
Second Joint Owner Name	Social Security #	Date of Birth	Driver's License #

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IMPORTANT INFORMATION ABOUT IDENTIFICATION PROCEDURES

To help the government fight the funding of terrorism and money laundering activities, Federal law now requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: Credit Union personnel will ask for your name, address, date of birth, and/or other information that will allow us to identify you. We may also ask to see your driver's license and/or other identifying documents.

Certification. 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 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). My signature below constitutes my certification to the information set out in (1) (2) and (3) above. **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 of underreporting interest or dividends on your tax return.

You hereby make application for membership in the Truliant Federal Credit Union (herein "Credit Union") and agree to conform to its laws, charter, bylaws, and amendments and subscribe for at least one share. All account terms published by the Credit Union are incorporated herein by reference. You authorize the Credit Union to establish the account(s) and loan(s) (subject to approval) you have indicated on this application, and agree to the terms of those agreements. You certify that all information herein is true and complete. You authorize the Credit Union to verify or obtain further information concerning your credit standing. All joint owners agree that each is joint on all accounts requested herein unless indicated otherwise in the "Joint Owner(s) Initials" section below, and all joint accounts are joint with rights of survivorship (see Account Terms for details).

If this is a new account, please sign below and attach a copy of your driver's license and \$5.00 to activate your membership.

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

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COMPLETE THE SIGNATURE(S) BELOW TO ACTIVATE THE ACCOUNT.

X	Member Signature _____	Date _____	Joint Owner(s) Initials					
X	Joint Owner Signature _____	Date _____	SV	CK	MM	MP	CC	VC
X	Second Joint Owner Signature _____	Date _____	SV	CK	MM	MP	CC	VC

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FOR CREDIT UNION USE ONLY

Acct # _____	BEACON _____	ID USED _____
Membership Officer Signature _____	BR # _____	Initials _____
New Card _____	Update Card _____	Company ID # _____
Source Code _____	Forms Mailed _____	

Record Your Personal Identification Number (PIN) for 24 hour phone access and your Check/ATM Card

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MUST COMPLETE



PAYROLL DEDUCTION AUTHORIZATION INFORMATION

NAME	MEMBER NO. (COMPLETED BY CREDIT UNION)
ADDRESS	EMPLOYER
CITY, STATE, ZIP	ADDRESS

I HEREBY AUTHORIZE MY EMPLOYER TO DEDUCT THE FOLLOWING AMOUNT FROM MY PAY EACH PAY PERIOD UNTIL FURTHER NOTICE FROM ME AND TRANSMIT SAME TO THE ABOVE NAMED CREDIT UNION.						ROUTING TRANSIT # 253177832
TOTAL DEDUCTION	THIS DEDUCTION TO BE CREDITED AS FOLLOWS:	REGULAR SAVINGS	CHECKING	CHRISTMAS CLUB	VACATION CLUB	OTHER
\$ _____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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X _____ SIGNATURE _____ SOCIAL SECURITY # _____ DATE _____ CREDIT UNION STAFF