

Welcome!

New Membership Applicants

- Pensioners and Annuitants —
- Retirees and UDC Students —

Welcome to the D.C. Teachers Federal Credit Union! To be eligible you must be employed by the District of Columbia Public Schools or the Washington Teachers' Union or be a student or employee of the University of the District of Columbia. Membership is based on an exclusive "common bond" relationship. The purchase of one share (\$50) and payment of a one-time membership fee of \$5 begins your savings account and a lifetime of CU membership and benefits.

Family Membership

Any immediate family members of current members may also join DCTFCU. This includes mothers, fathers, sisters and brothers. Each member will enjoy full membership privileges.

Joint Ownership

You may make *any* person a joint owner on your account. *However, joint ownership by itself does not constitute membership.* Joint ownership allows another person(s) to make deposits and withdrawals on your account at any time.

Lifetime Membership

After a member leaves the field of membership, he or she may remain a member of the Credit Union — for life! ONCE A MEMBER, ALWAYS A MEMBER!

CU Membership means CU Ownership — all members of the Credit Union have a voice in the election of officials and are encouraged to attend membership meetings and to volunteer to serve on special committees.

How To Join

To begin your account with DCTFCU, you must:

1. Complete both sides of the attached Application for Membership.
2. Be sure to provide your Social Security number (Taxpayer ID). **A must!**
3. Return the card with a check or money order for \$55 to the Credit Union. (Five dollars is a non-refundable fee for enrollment; the \$50 will be deposited to your new savings account as one share.)

4. Include a copy of your school ID and/or photo ID. If sponsored by an immediate family member, please state member's name and relation.
PLEASE NOTE: New members must wait 15 days before submitting applications for personal loans and Visa credit cards. There is no waiting period for secured loans such as Auto and Home Equity.
IF YOU ARE ALREADY A MEMBER, PASS THIS ON TO AN ELIGIBLE POTENTIAL MEMBER!

Application for Membership

NEW UPDATE

LAST NAME FIRST MIDDLE ACCT. #

SECTION A: Type of Account Desired (check all that apply)

- Share Savings Account (required) ATM Access Phone Audio Response
The account(s) will be Individual Accounts Joint Accounts

SECTION B: Share Draft Checking Account

- Share Draft Checking Account Check Starting Number _____ Check Style _____ No. of Boxes _____
The account will be Individual Account Joint Account

SECTION C: Applicant

LAST NAME FIRST MIDDLE

HOME ADDRESS (STREET)

CITY STATE ZIP

SOCIAL SECURITY NUMBER DATE OF BIRTH E-MAIL ADDRESS

HOME PHONE BUSINESS PHONE
() ()

MEMBERSHIP ELIGIBILITY:

EMPLOYER (NAME) _____ LENGTH OF EMPLOYMENT _____

FAMILY MEMBER (NAME) _____ RELATIONSHIP _____

BACKUP WITHHOLDING Check the box if you are NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code (see reverse).

SECTION D: Joint Applicant(s)

LAST NAME FIRST MIDDLE

1
SOCIAL SECURITY NUMBER DATE OF BIRTH

ADDRESS CITY STATE ZIP

LAST NAME FIRST MIDDLE

2
SOCIAL SECURITY NUMBER DATE OF BIRTH

ADDRESS CITY STATE ZIP

SECTION E: Your Signatures are Required

I/We hereby make application for membership in D.C. Teachers Federal Credit Union and agree to conform to account terms and conditions. Furthermore, I/we acknowledge receipt of Agreement and Disclosure Statements. I/We authorize the Credit Union to obtain a credit report on me/us as may be required. If applicable, fees may be charged to my account.

PRIMARY MEMBER SIGNATURE DATE

X _____

JOINT MEMBER SIGNATURE DATE

X _____

JOINT MEMBER SIGNATURE DATE

X _____

Membership Application

DC TEACHERS
FEDERAL CREDIT UNION

JOINT SHARE ACCOUNT AGREEMENT

The D.C. TEACHERS FEDERAL CREDIT UNION 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 said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly with 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 said Credit Union from any liability for such payment.

Any or all of said joint owners may pledge all or any part of the shares in the Share Savings account as collateral security to a loan or loans.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them, except by written notice to said Credit Union, which shall not affect transactions theretofore made.

TAXPAYER IDENTIFICATION NUMBER 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).

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.

Signature: _____ Date _____

CU USE ONLY	Eligibility (check one)	OFAC Checked
<input type="checkbox"/> Picture ID # _____	Exp. Date _____ Issue Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Family Sponsor _____	(Name, Account #, Relationship)	
<input type="checkbox"/> Other _____		
Opened by _____	Verified by _____	Date _____
Approved/Disapproved _____	(Membership Officer's Signature)	



www.dctfcu.org

D.C. Teachers Federal Credit Union
Edmonds School Building
First Floor, 9th & D Streets, NE
Washington, DC 20002
(202) 547-4800
Mon. – Thurs., 10:00 a.m. – 4:30 p.m.
Friday, 10:00 a.m. – 5:30 p.m.

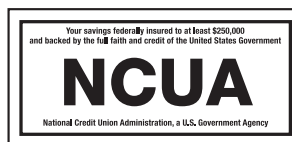
UDC Branch Office*

Van Ness Campus — (202) 363-6980
Mon. – Thurs., 10:00 a.m. – 4:30 p.m.
Friday, 10:00 a.m. – 5:30 p.m.

Prince Hall Branch Office*

1000 U Street, NW, Washington, DC 20001
(202) 232-4691
Mon. – Fri., 1:00 p.m. – 6:00 p.m.

*Handicapped accessible.



Federally Insured by NCUA

