



5656 3rd Street, NE • Washington, DC 20011
www.dctfcu.org • Phone: 202-547-4800

Organization Membership Application

NEW UPDATED

Organization Name as it should appear on account _____ Account # _____

Account Type/Services

Share Savings Checking (Share Draft) Certificate of Deposit

Organization Information

Name of Organization _____

Street Address of Business _____

City _____ State _____ Zip Code _____

Mailing Address of Business _____

City _____ State _____ Zip Code _____

SSN/TIN _____

Work Phone #1 _____ Work Phone #2 _____

TIN Certification and Backup Withholding Information

By signing below, I certify in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

- I am subject to backup withholding. Exempt
- I am a United States citizen or resident (including U.S. Resident Alien).
- I am not a United States citizen or resident. (Complete a W-8 Form.)

USA PATRIOT ACT

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account, including joint owners and authorized signers. What this means for you: When you open an account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. It may be necessary for DCTFCU to restrict account access or delay the approval of loans pending further verification.

Authorized Users

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

SSN/TIN _____ Member # _____

Work Phone _____ Home Phone _____

Date of Birth _____ E-Mail Address _____

Government-Issued ID _____ Issue Date _____ Expiration Date _____

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

SSN/TIN _____ Member # _____

Work Phone _____ Home Phone _____

Date of Birth _____ E-Mail Address _____

Government-Issued ID _____ Issue Date _____ Expiration Date _____

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

SSN/TIN _____ Member # _____

Work Phone _____ Home Phone _____

Date of Birth _____ E-Mail Address _____

Government-Issued ID _____ Issue Date _____ Expiration Date _____

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

SSN/TIN _____ Member # _____

Work Phone _____ Home Phone _____

Date of Birth _____ E-Mail Address _____

Government-Issued ID _____ Issue Date _____ Expiration Date _____

Organization Resolution

RESOLVED THAT: I/we are authorized to (a) enter into this Deposit Agreement, (b) draw checks on this account, and (c) execute any document including, but not limited to, wire transfer agreements, automated clearing hours agreements and take any action on behalf of this organization to carry out the terms of herein, including those drawn to the order of any officer or other authorized signer on this account.

By signing below, I/we certify that the information reported in the TIN Certification section is correct.

We, the undersigned: **President and Secretary/Treasurer**, respectively, of _____, certify that at a regularly held meeting, the following persons were, by resolution, designated as authorized transactors on this account. This resolution will remain in force until such authority is revoked by giving written notice to the Credit Union signed by authorized officers of this organization.

Authorized Signers

Instructions: Place the Manual or Facsimile signature within the box boundaries only. DO NOT overlap signatures. Indicate if the signature is Manual or Facsimile in the "PRINT NAME" box. When providing a Facsimile Signature, provide a Manual Signature too.

(1) Print Name	Title	Signature
<input type="checkbox"/> Manual Signature <input type="checkbox"/> Facsimile Signature		
(2) Print Name	Title	Signature
<input type="checkbox"/> Manual Signature <input type="checkbox"/> Facsimile Signature		
(3) Print Name	Title	Signature
<input type="checkbox"/> Manual Signature <input type="checkbox"/> Facsimile Signature		
(4) Print Name	Title	Signature
<input type="checkbox"/> Manual Signature <input type="checkbox"/> Facsimile Signature		

Authorization

The undersigned, an authorized representative of the Account Holder, certifies that he/she has reviewed the information contained in this Membership Application, account authorization documents, and/or organizational documents of the Account Holder ("Authorized Documents"), and finds the information in this Membership Application accurate on this date and in accordance with the Authorization Documents. The Account Holder acknowledges receipt of, and agrees to be bound by, the terms and conditions governing the operation of accounts and services provided by D.C. Teachers' Federal Credit Union, including the Account Terms and Services Agreement as may be amended or supplemented from time to time.

The undersigned is authorized to certify the names, titles, and signatures of authorized signers named in this Membership Application on this/these account(s) pursuant to the Authorization Documents. The undersigned certifies that the (No.) _____ signatures presented on this page are the signatures of persons authorized to sign and otherwise act on behalf of the Account Holder with respect to its account(s), banking transactions or services. The credit union is entitled to rely on the authority of the named person(s) until the Credit Union receives written revocation of such authority. No notice of revocation will be effective until the Credit Union has a reasonable opportunity to act on it.

President

Authorized Signature _____ Title _____ Date _____

Secretary/Treasurer

Authorized Signature _____ Title _____ Date _____

For Credit Union Use Only

<p>Eligibility (check one)</p> <p><input type="checkbox"/> Membership Eligibility _____ (Name, Account Number, Relationship)</p> <p><input type="checkbox"/> Other _____</p> <p>Copy of Organization's Board Minutes Identifying Authorized Signers Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Opened _____ Opened By _____ Verified By _____</p>	<p style="text-align: center;">OFAC Verification</p> <p>Signer #1 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Signer #2 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Signer #3 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Signer #4 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">Approved/Denied _____</p>
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Federally Insured by NCUA