

Gardiner Federal Credit Union Membership Application

Gardiner Federal Credit Union is hereby authorized to recognize any of the signatures subscribed of this form 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, together with the proceeds of any insurance on said account, 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. On the death of a joint owner. The balance in the account will belong to the surviving joint owner(s).

Personal Information <small>[If you desire a joint owner, please complete joint owner section]</small>			
	SSN	Relationship	DOB
Name			
Joint Owner 1			
Joint Owner 2			
Mailing Address			
Street Address			
City	State	Zip	
Account Number	Home Phone		
Employer Information			
Employer		Work Phone	
Div. or Dept.			
Account Authorization			
Husband's First Name or Wife's Maiden Name			
<p>I hereby make application for membership in the Gardiner Federal Credit Union and agree to conform to its laws and amendments thereof and subscribe for at least one share. I have read the above account agreement and acknowledge receipt of applicable disclosures (s) and rate and fee schedules.</p>			
<p>Signature _____</p>			

Any or all of said joint owners may pledge all or any part of the shares in this 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 and consent of the Credit Union which shall not affect transactions theretofore made.

Continue to Tax ID Form

Local (207) 582-2676
Fax (207) 582-7163
Toll-Free 1-800-464-2425

24 HR. AUDIO RESPONSE
1-800-757-8068
info@gardinerfcu.org



Gardiner Federal Credit Union
RR5 Box 105
8 Brunswick Road
Gardiner Maine, 04345

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IMPORTANT TAX INFORMATION

You (as the payee) are required by law to provide us (as payor) with your correct taxpayer identification number. If you are an individual, your tax-payer identification number is your social security number. If you have not provided us with your correct identification number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, interest, dividends, and other payments that we make to you may be subject to backup withholding.

Backup withholding is different from the 10 percent withholding on interest and dividends that was repealed in 1983. If backup withholding applies, a payor is required to withhold 31 percent of interest, dividends, and other payments made to you. Backup withholding is not an additional tax. Rather, if the tax liability of persons subject to backup withholding results in an overpayment of taxes, a refund may be obtained.

Before you can join the Credit Union you must complete the Tax I.D. Certification Notice below.

(Instruction to Signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee under-reporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause two (2) of the certification below.)

TAX IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify:

1. That the number shown on the membership card is my correct tax-payer identification number; and
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 a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Signature _____ Date _____

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