



Youth Membership Application

Eligibility
School Banking Program at: (school name) _____ Grade _____
Or Employer (SEG Name/Code) _____
Or Family Member Name: _____ Relationship _____
Or Lives, works, worships or attends school in the State of New York, City of: _____

Youth Member

Last Name: _____ First Name: _____ Middle Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Social Security Number _____ Date of Birth _____

Home Phone Number: _____ Cell Phone Number: _____

Lock Security Code (for example: mother's maiden name): _____

Joint Member (Must be at least 18 years old.)

I have included a copy of a valid ID. A Joint Member is an individual who has:
Established membership with CAP COM and, if qualified, is eligible for all products and services.
Or Employer (SEG Name/Code) _____
Or Family Member Name: _____ Relationship: _____
Or Lives, works, worships or attends school in the State of New York, City of: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Own Rent Live with others How long? _____

Social Security Number: _____ Date of Birth: _____

Home Phone Number: _____ Cell Phone Number: _____ Work Phone Number: _____

Email Address: _____

Driver's License Number:* _____ State:* _____ Issue Date:* _____ Expiration Date:* _____

*Required to process application. Please also include a legible copy of a valid ID.

Employer Name: _____ Occupation: _____ Start Date: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

I authorize CAP COM FCU to establish or add the following accounts/services:
Holiday Club Members' Choice Club Money Managers Club College Savings Club Name your own club
Young Adult Checking Online or mobile banking eStatements

Beneficiary Designation – Payable on Death
All living joint owners/members on Account supersede beneficiaries.

Beneficiary/Payee: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____

Beneficiary/Payee: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary’s correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; and (3) You are a U.S. person (including a U.S. resident alien).

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

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 part (2) of the statement above. If You are a foreign person and not a U.S. resident alien, You must complete W-8BEN

Signatures

You hereby apply for membership with Capital Communications Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You and that We may obtain a credit report. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Capital Communications Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Savings Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Capital Communications Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

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

Youth’s Name/Signature: _____ Joint Owner’s Name: _____

Joint Owner’s Signature: _____ Must be notarized*

(Note: any future products or services established on this account are the responsibility of all parties. We require a youth’s account to be opened with a joint owner at least 18 years of age.)

TO OPEN/CHANGE AN ACCOUNT, AT CAP COM FCU, YOUR SIGNATURE MUST BE NOTARIZED*:

The above signature was notarized in the State of _____ County of _____ this ____ Day of _____, Year _____. Before me personally came to me known and known to me to be the individual described in and who executed the attached instrument, and he/she duly acknowledged that he/she executed the same.

NOTARY PUBLIC: _____

TO OPEN/CHANGE AN ACCOUNT, AT CAP COM FCU, YOUR SIGNATURE MUST BE NOTARIZED*:

The above signature was notarized in the State of _____ County of _____ this ____ Day of _____, Year _____. Before me personally came to me known and known to me to be the individual described in and who executed the attached instrument, and he/she duly acknowledged that he/she executed the same.

NOTARY PUBLIC: _____

*** Notarization is available at all CAP COM branches.**

Credit pulled _____ OFAC _____ PreApp _____ TIS Disc _____ Chex _____ ID copied _____
Approved _____ Date _____ Account Number _____