



PO Box 58429; Raleigh, NC 27658-8429

# MEMBERSHIP ACCOUNT CARD

Account Number

Date Opened

## PRIMARY OWNER

Name (first/middle/last)		Social Security Number	
Street Address		City / State / Zip	
Post Office Box		City / State / Zip	
Home Phone	Date of Birth	Driver's License Number or ID/State	Mother's Maiden Name
Employer		Business Phone / Extension	
Male	Female	E-mail Address	

Please check one:

### Membership Eligibility

I am a current or retired employee of \_\_\_\_\_

I am the \_\_\_\_\_ of \_\_\_\_\_  
(relationship, i.e., mother, son) (eligible member's name)

I am a current member of \_\_\_\_\_  
(association)

I live, work, worship or attend school at the following address: \_\_\_\_\_

North Carolina Consumers Council (I elect to become a member of the North Carolina Consumers Council (NCCC) as described in the Membership Account Agreement. Coastal will cover the first year NCCC membership fee.)

## PLEASE SELECT FROM THE FOLLOWING PRODUCTS/SERVICES

- |                   |                   |  |
|-------------------|-------------------|--|
| Primary Savings   | Go Green Checking | Certificate _____ term (7 day, 12 month, etc.) |
| Standard Checking | Money Market      | Visa Check Card (18 years or older)            |
| Basic Checking    | Christmas Savings | Audio Response (AMIE)                          |
| Dividend Checking | Special Savings   | Internet Banking (Online Banking)              |

## DESIGNATION OF BENEFICIARY

This designation shall be effective when delivered and filed with the Credit Union, duly executed by an insured member, during the lifetime of the beneficiary designated. I being a member of Coastal Federal Credit Union, do hereby designate:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
(relationship, i.e., mother, son, friend)

Address \_\_\_\_\_

as my beneficiary, if living, to receive any and all sums of money paid under and by virtue of the terms and conditions of the Insurance Contract, Life Savings Plan of the CUNA Mutual Insurance Society, to said Credit Union. I understand that I may change the designated beneficiary only by executing a Subsequent Designation of Beneficiary form, which must be delivered and filed with the Credit Union. Payment of proceeds to a designated beneficiary or, if none, to the beneficiary determined by the Credit Union as entitled to such proceeds under said Contract shall discharge the Credit Union from any and all liability, under the contract or otherwise.

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with 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 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 failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding.      Exempt (complete W-8 form)      I am not a United States citizen or resident (W-8 if applicable).

## AUTHORIZATION

By signing the application below, I certify that the information provided on this form is true, correct, and complete. I also agree to the terms and conditions of the Membership Account Agreement found on the back of this form, which I have read. A copy has been provided to me.

\*The Primary Owner signature is required to be notarized if he/she cannot be present at the Credit Union for signing.

Voluntarily signed and sworn to (or affirmed) and subscribed before me this day.

Form of identification \_\_\_\_\_

State of \_\_\_\_\_ County \_\_\_\_\_

Primary Owner  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Printed Name \_\_\_\_\_

My commission expires: \_\_\_\_\_ (Notary Seal)

# MEMBERSHIP ACCOUNT AGREEMENT

**Membership Account Agreement.** This document is subject to applicable federal laws and the laws of the state of North Carolina. As used in this agreement, the words "I", "me", "my", "you" or "your" refer to the primary owner. The words "Credit Union" refer to Coastal Federal Credit Union. Being within the field of membership, I hereby apply for membership in the Credit Union; I agree to conform to the Credit Union bylaws, Truth-In-Savings, Funds Availability Schedule, Fee and Rate Schedule and amendments thereto; subscribe for at least one share; and if joint owners are designated, I agree to the conditions printed on this form and the Account Change Card form. Under the penalties of perjury, **I certify that the information provided on this form is true, correct, and complete.** In accordance with the USA Patriot Act, we require documentary evidence to verify this information. In addition, I understand that a consumer credit report may be obtained from one or more consumer reporting agencies (credit bureaus, ChexSystems, etc.) for approval of this request. I understand that approval of my VISA Check Card will automatically entitle me to access the Credit Union automated teller machines (ATMs) and any Credit Union approved ATM networks. I agree that the services applied for on the front of this form are granted pursuant to the terms of the Electronic Funds Transfer Service (EFTS) Disclosures which will accompany the access card or service instructions. I also agree to abide and be bound by the terms of the agreements and disclosures of each service approved.

Any financial service provided by the Credit Union may be used for any transaction permitted by law. I agree that illegal use of any financial service will be deemed an action of default and/or breach of contract and such service and/or other related services may be terminated at the Credit Union's discretion. I agree to hold the Credit Union harmless with regard to any claims, suits or other legal actions arising from or related to such illegal use. In addition, if I use any Credit Union service in an illegal manner, or facilitate or participate in any such illegal use of Credit Union services, I agree to indemnify the Credit Union from any loss, liability or expense (including attorney's fees) arising from or related to such illegal use of Credit Union services.

If I fail to provide the Credit Union with the correct Tax Identification Number (TIN), any fees that may be imposed on the Credit Union resulting from this error will be assessed to my account.

Any objection with respect to any item shown on a statement of account shall be waived unless made in writing on or before the thirtieth (30th) day following the day the statement is mailed.

This account shall be subject to service charges in accordance with Fee Schedules adopted by the Credit Union from time to time.

The use of this account is subject to such other terms, conditions and requirements as the Credit Union may establish from time to time. The Credit Union reserves the right to terminate this account without notice or consent if it is not maintained in accordance with normal financial practices.

I may pledge all or any part of the shares in this account as collateral security to a loan or loans. However, the Credit Union may require that pledged shares be transferred to another account.

The right or authority of the Credit Union under this Agreement shall not be changed or terminated by any of the owners except by written notice to the Credit Union, which shall not affect transactions already made, and shall be effective upon receipt by the Credit Union.

All non-cash payments on shares will be credited subject to final payment.

**Collections.** I will be responsible for all expenses incurred by the Credit Union as a result of my account status; these expenses include but are not limited to collection costs, attorney fees, etc.

**Credit Union Lien and Security Interest.** The Credit Union has a statutory lien in all shares and dividends held in any account(s) from which I may make withdrawals (except Individual Retirement Accounts). In the event of a failure to satisfy any outstanding financial obligation due and payable to the Credit Union, the Credit Union may exercise the statutory lien without further notice to a member or corresponding joint owner(s). The Credit Union may apply these funds in any order to pay off my indebtedness. By not enforcing the statutory lien, the Credit Union does not waive the right to enforce it later. In addition, I grant the Credit Union consensual security interest in my accounts, and the Credit Union may use the funds now or hereafter due and payable to the Credit Union, consistent with this agreement and applicable laws and regulations.

**Checking Account Agreement.** I hereby authorize the Credit Union to establish a Checking Account for me. The Credit Union is authorized to pay checks signed by me and to charge the payments against my account. I further agree to all of the terms and conditions listed below:

- Only checks purchased through the Credit Union and/or other methods approved by the Credit Union may be used to withdraw funds from this account.
- If a check drawn is payable on a future date and I do not notify the Credit Union immediately that this check is not to be honored before the payment date, and the Credit Union prematurely pays the check in the regular course of business, I agree that the Credit Union shall have no liability to me for such payment. Checks are paid as presented, based solely on the account number and amounts.
- The Credit Union is under no obligation to pay any check or debit, which exceeds the collected balance in the account. However, the Credit Union may, at its discretion, pay such a check or debit and charge the amount of the resulting overdraft, plus a service charge (as disclosed in our then-current published schedule of "Fees and Service Charges"), against this account or any account from which an account signatory is entitled to withdraw shares.
- If checks are written for funds in excess of the account balance, I hereby authorize the Credit Union to prepare a request for an advance against my loan account(s). Each advance is subject to approval by the Credit Union. When approved, these funds will be credited to this account in increments specified by the Credit Union necessary to pay the checks.
- Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or non-payment of a check.
- I agree to notify the Credit Union immediately if any check(s) is lost or stolen.

This Agreement is governed by the provisions of Section 54-109.58 of the General Statutes of North Carolina, regarding the establishment and operation of joint accounts.

**The North Carolina Consumers Council (NCCC)** is a nonprofit, statewide consumer advocacy organization that represents North Carolina consumers by researching and lobbying for consumer issues on a state and federal level, distributing consumer information and other activities. NCCC is affiliated with the Consumer Federation of America, a national consumer advocacy organization. By electing to join NCCC I agree to support this purpose and agree to abide by the terms of membership as they may be amended from time to time. [www.nccconsumer.org](http://www.nccconsumer.org)