

Membership Application

Please complete the entire application, print and fax to 860-446-3249. You may also mail to:

Charter Oak Federal Credit Union
ATTN: Member Services
32 Chicago Avenue
Groton, CT 06340



CHARTER OAK
CREDIT UNION

Account Type

- | | | |
|--|---|--|
| <input type="checkbox"/> Regular Share | <input type="checkbox"/> Charter Gold | <input type="checkbox"/> Share Certificate |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> ComplimenTREE Checking | <input type="checkbox"/> Other _____ |

Account Services

- | | |
|---|--|
| <input type="checkbox"/> Payroll Deduction/Direct Deposit | <input type="checkbox"/> VISA Check / ATM Card |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

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.

- | | |
|--|---|
| <input type="checkbox"/> I am subject to back-up withholding | <input type="checkbox"/> I am not a United States citizen or resident |
| <input type="checkbox"/> Exempt | |

Member Application and Information

First Name Last Name

Address

City State

ZIP SSN/TIN (Required - we will contact you)

Driver's License Date of Birth (Required - we will contact you)

Additional Form of ID

Mother's Maiden Name Employer

Home Phone Work Phone

E-Mail

Eligibility for Membership (residency, employment, school, etc.)

Account Ownership

Designate the ownership of the accounts and responsibility for the services requested.

Single Party

Multiple Party with Survivorship

SSN/TIN (Required - we will contact you)
Joint Owner

Address

City

State

Date of Birth (Required - we will contact you)

ZIP

Home Phone

Work Phone

Mother's Maiden Name

Driver's License

SSN/TIN (Required - we will contact you)
Joint Owner

Address

City

State

Date of Birth (Required - we will contact you)

ZIP

Home Phone

Work Phone

Mother's Maiden Name

Driver's License

Account Designations

Payable on Death (POD)/Trust Account

All Accounts

Designate Specific Accounts _____

Beneficiary

Beneficiary

Address

Address

City, State, ZIP

City, State, ZIP

UTTMA/UGMA (as custodian for _____ (minor)
under the Uniform Transfers/Gifts to Minors Act)

Minor's TIN/SSN (Required - we will contact you)

Signature

Date

Signature

Date

Federally Insured by NCUA