



# THE COUNTY FEDERAL CREDIT UNION

82 Bennett Drive  
Caribou, ME 04736  
207 498-8756  
Fax 207 498-4109

776 Main Street  
Presque Isle, ME 04769  
207 768-5051  
Fax 207 764-5267

232 Main St. Suite 6  
Fort Fairfield, ME 04742  
207 472-5710  
Fax 207 472-1140

## Share/Savings Account

Owner(s) Account(s) shall be (check one):

Individual account     Joint Account

In addition, I request:  Checking Account     ATM Card     ATM/VISA®Check Card     Teller-Phone<sup>SM</sup>     PC-Connection     CUe-Statement

## Share/Savings Account Agreement

The County Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto on either side of this agreement 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 The County Federal Credit Union that all sums now paid in on savings, or heretofore or hereafter paid in on savings 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). Any or all of said joint owners may pledge all or any part of the savings in this account as collateral security for 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.

**PRINT CLEARLY.** To help the government fight the funding of terrorism and money laundering activities, federal law requires we obtain, verify and record information that identifies each person who opens an account. We require forms of identification that would include a picture and your current address, e.g. valid driver's license, passport, and military or state ID.

Name		Social Security No.	
Address	City	State	ZIP
Permanent Address	City	State	ZIP
States lived in (last five years)		Driver's License No.	
Home Phone No.	Work Phone No.	Birth Date	Mother's Maiden Name
Eligible by			
Place of Employment			
Joint Owner Name (if applicable)		Social Security No.	
Date of Birth	Mother's Maiden Name	Driver's License No.	
Joint Owner Name (if applicable)		Social Security No.	
Date of Birth	Mother's Maiden Name	Driver's License No.	



**CUE-Statement<sup>SM</sup>**

I request that The County Federal Credit Union discontinue sending my statement via U.S. Postal Service. I understand that my electronic statement information will be made available to me via the Internet through a secure user code/password login authentication.

I will receive confirmation once my account is set up for CUE-Statement via e-mail and additional notification each month when my new statement is available for viewing. My initial password for log in will be the primary account owner's social security number; once logged in I can change my password. I also understand that it is my responsibility to update my e-mail address through the CUE-Statement site should it change.

\_\_\_\_\_  
E-mail Address

**IMPORTANT TAX INFORMATION AND SIGNATURES**

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 taxpayer 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 on the bottom of this card.**

**(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 taxpayer 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.
3. I am either a U.S. citizen or a U.S. resident alien.

**Certification Instructions:** Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

**Signatures**

I hereby make application for membership in The County Federal Credit Union and agree to conform to its bylaws and amendments thereof and subscribe for at least one share. I have read this brochure and all other applicable agreements and disclosures and I understand and agree to abide by the terms and conditions included and referenced in them as applicable to the accounts and services I have requested from the credit union. I understand and agree that the USA PATRIOT Act obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. **Transactions to/from any accounts may be limited until I.D. verification is completed. Fair and Accurate Transactions Act Notice:** We may report information about your account to credit bureaus. Late or missed payments, or other defaults maybe reflected in your credit report.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Joint Owner Signature (if applicable)

\_\_\_\_\_  
Joint Owner Signature (if applicable)

\_\_\_\_\_ Please initial stating you have received the appropriate disclosures.

Information on this application and identification was verified by the Membership Officer.	
OFFICE USE ONLY	
Date _____	Signature _____
	Membership Officer

