

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number,
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account All Accounts Designate specific account(s) _____

Beneficiary/POD Payee _____ Beneficiary/POD Payee _____
 Street _____ Street _____
 City/State/Zip _____ City/State/Zip _____

- Agency Print Name of Agent _____
 Signature _____ Date _____
 All Accounts Designate specific account(s) _____

- UTMA/UGMA (as custodian for _____ (minor) under the
 Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN _____

- Other _____ See Account Authorization Card

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You authorize us to check your account, credit, and employment history, and obtain reports at the election of Health Center Credit Union from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services you are currently applying for and other services or accounts that either you request or the credit union elects to make available to its members. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X _____ X _____
 Signature Date Signature Date
 X _____ X _____
 Signature Date Signature Date

FOR CREDIT UNION USE ONLY

Date of Membership _____ See Account Change Card See Insurance Beneficiary Card
 Opened/App'd by _____ Member Verification _____
 Credit Report Check Verify PIN Request
 Access Card Audio Response PC Access/Internet Banking

NEW MEMBER APPLICATION

HCCU

Health Center Credit Union



April 2016



www.HCCU.coop | 706-434-1600
 Follow us on facebook:
 www.facebook.com/HealthCenterCU





WHO WE ARE:

Health Center Credit Union has been helping people afford life with local decisions and great rates since 1976. We are a not-for-profit cooperative financial institution serving greater Augusta's medical, dental and educational communities, run for and by the members themselves. As shareholders, members directly guide and benefit from the credit union's growth. Members also comprise the credit union's Board of Directors.

WHO IS QUALIFIED TO BE A MEMBER?

As part of Augusta University and the greater Augusta medical and educational community, we understand your lifestyle and financial needs. Our field of membership includes all persons associated with Augusta University and the Augusta University Health System, as well as all medical and dental offices in the greater Augusta area. We also serve faculty, staff, employees, contractors, retirees, students, alumni, and volunteers of the Richmond, Columbia, and Lincoln County school systems. **Membership is available to all immediate and extended family of those who are eligible to join HCCU.**

HOW DO I BECOME A MEMBER?

Becoming a HCCU member is easy! Only three simple steps:

- Complete the application to the right and sign it. (highlighted portions required)
- Return your completed application to any HCCU branch
- Include a copy of your ID

A savings account begins your credit union membership; simply maintain a minimum balance of \$25 in your account to keep it open. There are no membership fees. This savings account allows you access to the full array of HCCU's financial products, services, and membership benefits.

WHERE WE ARE.

Branch Locations

- Walton Way
- Evans

Online / Mobile

www.HCCU.coop

or



706-434-1600 | Loan Line: 706-434-1636



WHAT WE OFFER YOU:

- Great Rates on Auto, Mortgage, and Visa Loans

- Checking Accounts
- Savings Accounts
- CD Accounts
- Visa Check / Debit Cards
- TRUECar® Member Showroom
- Discounted Auto & Home Insurance
- Much, much more...



ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

<input type="checkbox"/> Share/Savings _____	Suffix* _____	<input type="checkbox"/> Money Market _____	Suffix* _____
<input type="checkbox"/> Share Draft/Checking _____		<input type="checkbox"/> IRA _____	
<input type="checkbox"/> Share Certificate _____		<input type="checkbox"/> Other _____	

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit _____	<input type="checkbox"/> Debit Card _____
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority below) _____	<input type="checkbox"/> Audio Response _____
<input type="checkbox"/> PC Access/Internet Banking _____	<input type="checkbox"/> Other _____

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____	Member No. _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone () _____	Date of Birth _____
Cell Phone () _____	Phone Verification Password _____
Work Phone () _____	Employment _____
E-mail _____	
Eligibility for Membership _____	

ACCOUNT OWNERSHIP

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

Individual Joint Account with Survivorship Joint Account without Survivorship

Joint Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone () _____	E-mail _____
Cell Phone () _____	
Work Phone () _____	

Joint Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone () _____	E-mail _____
Cell Phone () _____	
Work Phone () _____	