### 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, (or I am waiting for a number to be issued), and
- (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 a 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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
- (4) The FACTA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any)	Exemption from FATCA reporting code if any)			
ACCOUNT DESIGNATIONS				
Beneficiary/POD Payee  Street  City/State/Zip  SSN/TIN  DOB  Agency  Print Name of Agent		Beneficiary/POD Street City/State/Zip SSN/TIN	rte specific account(s) Payee DOB//	
Signature □ All Accounts □ D	esignate specific	account(s)	Date	
☐ <b>UTMA/UGMA</b> (as custodian for Uniform Transfers/Gifts to Minors A	Act) Minor's TII	N/SSN	(minor) under the	
☐ 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	
XSignature	Date	XSignature	 Date	
FOR CREDIT UNION USE ONLY  Date of Membership  Credit Report Access Card	☐ See Account	Change Card	□ See Insurance Beneficiary Card  Member Verification □ PIN Request □ PC Access/Internet Banking	



## WE are our Membership!



Health Center Credit Union is a not-for-profit financial cooperative serving greater Augusta's medical, dental and educational communities, run for and by the members themselves.

HCCU has been serving members locally since 1976. We live and work in this community, and understand your lifestyle and financial needs. Our field of membership includes nearly everyone in the Augusta area including all persons associated with Augusta University and the Augusta University Health System, medical and dental offices, the Richmond, Columbia, and Lincoln County school systems, and any immediate and extended family members of those meeting the above membership requirements.

If you are unsure about your membership qualification please contact us to determine eligibility. (706) 434-1600 | mbrsvc@hccu.coop )



# How Do I Become a Member?

Becoming a HCCU member is easy!

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

A savings account begins your credit union membership; simply maintain a positive balance 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.

### What We offer YOU:

- Free Kasasa Rewards Checking
- Savings & CD Accounts
- Money Market Accounts
- Visa Debit / Credit Cards - Online / Mobile Banking
- Card Valet

- Great Rates on Auto, Mortgage, Visa, and Personal Loans
- Kasasa ID Protect / Executive Package
- Free Financial Counseling (Through GreenPath or In-branch)
- TRUECar® Member Showroom
- Overdraft Protection / Privilege
- Bill Pay / Popmoney / Cross Institution Transfer
- Discounted Auto & Home Insurance



### Where we are:

#### **ATM Locations:**

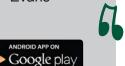
- Augusta University
  - Terrace Dining
- Student Center
- CHOG Lobby
- Walton Wav - Evans

Accessible 24 hours a day at:

www.HCCU.coop

Available on the App Store

- University Hospital Summerville (Lobby)
- Summerville (JSAC) MAA Participants
- **Branch Locations:**
- Walton Way
- Evans







HCCU.coop | 706-434-1600

Loan Line: 706-434-1636

Federally insured

by NCUA.



#### **ACCOUNT TYPE**

account selection and other information indicated on thi redit union is notified in writing of a change. Suffix*	
☐ Money Market ☐ ☐ Other ☐ ☐	
ve consists of the suffix added to the end of the Membe e account of the same type, more than one suffix will b	
☐ PC Access/Internet Banking	
ORMATION	
Member No.  SSN/TIN  Driver's Lic. No.  Date of Birth  Phone Verification Password  Employment	
ity for the services requested.  Ship	
SSN/TIN	