

## 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

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 \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN/TIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

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  
 Credit Report  Opened/App'd by \_\_\_\_\_ Member Verification \_\_\_\_\_  
 Access Card  Check Verify  PIN Request  
 Audio Response  PC Access/Internet Banking



# New Member Application

Just do you,  
and we help  
afford the  
rest...



Ask for **KASASA**

HCCU.coop | 706-434-1600 | @HealthCenterCU

## 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
- Summerville (JSAC)
- Walton Way
- Evans
- University Hospital
- Summerville (Lobby)
- MAA Participants

### Branch Locations:

- Walton Way
- Evans

HCCU.coop | 706-434-1600  
Loan Line: 706-434-1636

Federally insured  
by NCUA.



Accessible 24 hours a day at:  
www.HCCU.coop



## 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"/> _____	
<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"/> PC Access/Internet Banking _____
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority below) _____	<input type="checkbox"/> Debit Card _____
	<input type="checkbox"/> Audio Response _____
<input type="checkbox"/> Standard ODP <input type="checkbox"/> Extended ODP _____	<input type="checkbox"/> Other _____

(Overdraft Privilege available after 60 days | Extended ODP includes all Standard features)

## 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.

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Account with Survivorship	<input type="checkbox"/> Joint Account without Survivorship
<b>Joint Owner</b> _____	SSN/TIN _____	
Street _____	Driver's Lic. No. _____	
City/State/Zip _____	Date of Birth _____	
Home Phone ( ) _____	E-mail _____	
Cell Phone ( ) _____	Phone Verification Password _____	
Work Phone ( ) _____	Employment _____	

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