Greater Metro FCU Membership & Services Application

Member Information					Savings Initial Deposit Savings Account
I am eligible to join because:	c for (company):	l am re	elated to (name):		deposit of
Please see	e "New Membership R	equirements" for accepta	able forms of iden	tity and eligibility.	\$
First Name	MI Last Name		M	other's Maiden Name	(\$5.00 Minimum)
Street Address	Apt City		State	Zip Years There	Convenience Services ☐ All Accounts & Services
Mailing address (if different)					
Home Phone Cell Phone	e	E-mail Address			(Or check only what you need)
Date of Birth Social Security Number		Are you a US Citizen:	☐Yes ☐No		☐ Hi-Fi Checking or
Social Security Hamser					☐ Share Draft (Checking)
Present Employer		,	Work Phone		☐ Money Market Account
Employer Address	Suite	City		State Zip	☐ Debit MasterCard©
p.,,		- 4		,	☐ Platinum MasterCard® or
Years There Your Position		-	Annual Salary/Wages		☐ Standard MasterCard®
laint Assaurt Ourser Informs	ntion.				☐ It'sMe247 Online Banking
Joint Account Owner Informa	ation				☐ ARTIE Phone Access
First Name	MI Last Name			other's Maiden Name	
Street Address	Apt City		State	Zip Years There	More Services
Street Address	Арт Сіту		State	Zip reals mere	☐ Direct Deposit
Mailing address (if different)					☐ Payroll Deduction
Home Phone Cell Phone	e	E-mail Address			☐ ATM Card Option
Date of Birth Social Security Number		Are you a US Citizen:	∐Yes ∐No		
					Official Has Only
Present Employer		`	Work Phone		Official Use Only Account Number
Employer Address	Suite	City		State Zip	
Years There Your Position			Annual Salary/Wages		
rears mere - rour Position		,	Ailiuai Salary/ Wages		ID Verified
					Type State
I/We hereby make application for membership in GRE . That the Social Security number shown on this form is					Exp. Date
subject to backup withholding as a result of failure to r IMPORTANT- If you have been notified by the IRS that	report all interest or dividends, you are subject to backup with	or the IRS has notified me that I a sholding, strike through part (2) of	m no longer subject to be the above certification.	ackup withholding. By signing below, I/we hereby	Number
make application to GREATER METRO FCU and authori application. GREATER METRO FCU may require additio METRO FCU to accept oral or electronic instructions wi	onal documentation to comply v	with the USA Patriot Act and Custo			OFAC Checked
JOINT SHARE ACCOUNT AGREEMENT: GREATER METR transaction of any business for this account. The joint of					Date Employee#
owners are and shall be owned by them jointly, with ri survivor or survivors shall be valid and discharge said C	ight of survivorship and be subj Credit Union from any liability fo	ject to the withdrawal or receipt o or such payment. Any or all of said	f any of them, and payn I joint owners may pledg	ent to any of them or the ge all or any part of the shares	Initial
in this accounts as collateral security for a loan or loans or any of them, except by written notice to said Credit	t Union which shall not affect tr	ansactions already made.	_		
I/We understand that I/we will receive all product/servead and agree to all terms and conditions of this appli		y/our application is approved, and	d that some services req	uire credit approval. I/We have	
By signing below you grant us a security interest in all amounts owed to the Credit Union. When you are in o Individual Retirement Account, and any other account interest you have given in your shares and deposits.	default, you authorize us to app	ply the balance in these accounts t	o any amounts due. Sha	res and deposits in an	
					T
Primary Owner Signature		Date			
					CDEATED METDO
Joint Owner Signature		Date			Federal Credit Union
					31-10 37th Avenue, Suite 403 Long Island City, NY 11101



Customer Identification Program Policy

Important Information about Procedures For Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, and in compliance with the US PATRIOT ACT, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who seeks to open an account. These new procedures are design to prevent crimes, such as identity theft and account fraud that terrorist commit to finance their operations against the U.S. and its citizens. All persons are subject to identify verification even though they may have already been members of the credit union.

What this mean to you:

When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license, passport or other identifying documents, and will verify your identity through non-documentary methods as well.

Rest assured that we will only request the information required in compliance with the law, and that information we collect will be used only for purpose of complying with the law. Your privacy is our top concern, and as always, we will respect and safeguard it to best of our ability.

New Membership Requirements:

- *** If joining through Sponsor Group, copy of badge or work ID is required for Primary Applicant.
- *** A clear copy of <u>valid State ID</u> (Driver's License, Non-driver's or Passport) for the Primary Applicant and Joint Applicant.
- *** If the Primary Applicant is related to one of our Member we require a letter that explains the relationship with the applicant.
- *** For Custodial Account, the custodian must submit a copy of the minor's birth certificate or copy of minor's social security card.
- *** Any related questions on how to join our Credit Union, please contact us at number listed below.