



Apple Federal Credit Union New Account & Loan Application

Students are encouraged to discuss financial choices with their parents or legal guardians.



APPLE FEDERAL CREDIT UNION
P.O. Box 1200 | Fairfax, VA 22038-1200
AppleFCU.org | 703-788-4800 | 800-666-7996

To help our government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person when opening a new account. When you open a new account, we will ask your name, address, date of birth, and other information that will help us identify you. We may also ask to see your driver's license or other identifying documents.

ELIGIBILITY FOR MEMBERSHIP:

☐ Student☐ Faculty/Staff

Name of Institution/School

ACCOUNT TYPE:

☐ Individual☐ Joint (with survivorship)☐ Joint (without survivorship)

Account Number

MEMBER INFORMATION

Name (Last, First, MI)

Date of Birth (MM/DD/YYYY)

Social Security Number/Taxpayer Identification Number (TIN)

Street Address

City, State, Zip

Home Phone Number ()

Work Phone Number ()

Mobile Phone Number ()

Email Address

Employer

Occupation

Start Date

Employer's Address

City, State, Zip

Driver's License/State ID Number

ID: Issuing State

ID: Date Issued (MM/DD/YYYY)

ID: Expiration Date (MM/DD/YYYY)

JOINT OWNER

Name (Last, First, MI)

Date of Birth (MM/DD/YYYY)

Social Security Number/TIN

Street Address

City, State, Zip

Home Phone Number ()

Work Phone Number ()

Mobile Phone Number ()

Email Address

Employer

Occupation

Start Date

Employer's Address

City, State, Zip

Driver's License/State ID Number

ID: Issuing State

ID: Date Issued (MM/DD/YYYY)

ID: Expiration Date (MM/DD/YYYY)

REQUESTED DEPOSIT PRODUCTS AND SERVICES

- ☒ Regular Savings ☐ extras Student Savings ☐ extras Student Checking ☐ extras Visa® Debit Card
☐ Online Banking ☐ Advantage Checking ☐ FREE A+ Checking

eSTATEMENT AND TEXT MESSAGE COMMUNICATIONS OPT-IN

FREE eSTATEMENTS

- ☐ I elect to obtain my Apple FCU account information online only via eStatements. I understand that Apple FCU will mail me a paper account statement at any time upon request (a fee may apply).
☐ I do NOT wish to receive eStatements. I will instead receive paper statements in the mail.

TEXT MESSAGE COMMUNICATIONS

- ☐ I authorize Apple FCU to communicate with me via text and SMS. I consent to receive auto-dialed calls or SMS from Apple FCU. I understand that consent is not a condition of purchase.
☐ I do NOT wish to receive text message communications.

U.S. PATRIOT ACT CONSUMER INFORMATION - APPLE FCU MEMBER

Length of time at current address: _____. If less than two years, please provide your prior address below:

Street Address

City, State, Zip

Country

Place of Birth (City & State or Country)

Are you a U.S. Citizen?

☐ Yes ☐ No

Do you have a passport?

☐ Yes ☐ No

Are you a Permanent Resident?

☐ Yes ☐ No

Will you process ACH (electronic) transactions? ☐ Yes ☐ No

Anticipated number and amount of ACH transactions per month: Number

Amount \$

Will you use our Wire Services? ☐ Yes ☐ No

Anticipated number and amount of wires per month: Number

Amount \$

FOR OFFICE USE ONLY

Cross reference this account to:

GL Account Number:

GL Deposit Amount:

Staff ID:

Member/Account Notes:

CONTINUED ON REVERSE SIDE



REQUESTED LOAN PRODUCTS

Individual Credit: Complete the Application section about yourself. Complete other information about your spouse if: 1) you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI); OR 2) your spouse will use the account; OR 3) you are relying on your spouse's income for repayment.

Co-Applicant Credit: Complete Applicant and Co-Applicant sections. Each Applicant must individually complete each section.

☐ Auto Loan

☐ Tuition Line of Credit

LOAN APPLICANT INFORMATION

Applicant's Name (Last, First, MI)		Housing Status <input type="checkbox"/> Live With Parents <input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Mortgage/Rent \$
Mother's Maiden Name	No. of Dependents	Emergency Contact Name	Emergency Contact Phone Number ()
Previous Address		City, State, Zip	
Previous Employer	Previous Employer's Address		How Long?
Gross Monthly Salary \$	Other Monthly Income* \$	Source of Other Income*	

CO-APPLICANT INFORMATION

Name (Last, First, MI)		Date of Birth (MM/DD/YYYY)	Social Security Number/TIN
Street Address		City, State, Zip	
Employer			Start Date
Gross Monthly Salary \$	Other Monthly Income* \$	Source of Other Income*	

*Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

ACKNOWLEDGEMENTS

Credit Report Authorization: By signing below you authorize the Credit Union to check your employment and credit history and or collection of credit you receive. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.

For Auto/Tuition Line of Credit: If loan is requested and provided, you acknowledge receipt of and agree to the terms of the applicable disclosures provided at loan closing.

Applicant's Signature X	Date
Co-Applicant's Signature X	Date

STATE LAW NOTICES

Ohio Residents Only: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Wisconsin Resident Only: (1) No provision of any marital property agreement, unilateral statement under \$766.59, or court decree under \$766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

X

Signature for Wisconsin Resident Only

Date

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury and by signing below, 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),
- (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. 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. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

By signing below, I/we hereby make application for membership in Apple Federal Credit Union and 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 Agreements 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.

Apple Federal Credit Union is hereby authorized to recognize any one of the signatures subscribed hereto 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 said credit union that all sums now paid in on shares, or heretofore or hereafter paid on shares, by any or all of said joint owners to their credit as such joint owner, with all accumulations thereon, are and shall be owned by them jointly, and be subject to the withdrawal or receipt of any one of them and payment to any one of them or the survivor(s) or the estate(s) of the deceased joint owner(s)—according to the type of joint share account selected, as evidenced by the signatures below—shall be valid and discharge said credit union from any liability for such payment.

A joint owner who is an Apple FCU member may pledge all or any part of the shares in this account as collateral security for a loan or loans and the credit union is authorized to apply shares at any time against any indebtedness owing to it by any of the joint owners. If joint ownership is desired, all joint owners must complete the information in the space provided. NOTE: All joint owners must agree to the same type of joint ownership.

This account shall be governed by applicable Virginia Laws, Federal Laws, Rules & Regulations, and the By-laws of the Credit Union and any amendments thereto. Statutory Lien: If you are in default on a financial obligation to us, federal law gives us the right to apply the balance of shares and dividends in your account(s) at the time of default to satisfy that obligation. Once you are in default, we may exercise the right without further notice to you. If at any time you cause Apple Federal Credit Union a loss due to breaking an agreement or fraud (i.e., loan default, forgery, etc.) your service usage will be limited. Further, by submitting this application you consent to allow the Credit Union to obtain your consumer reports and verify your employment history and other personal information in connection with this application or for related financial services.

I hereby certify that this information is true and correct under penalty of perjury. Under penalties of perjury, I certify that the Social Security Number I have listed is my correct number and I am not subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Account Owner Signature X	Date
Joint Owner Signature X	Date

REV. 2016