

How to use this form:

1. Click on "File" and select "Print."
2. Verify your printer settings and make sure that "Fit to Page" is not checked.
3. Print the form.
4. Close this browser window. The browser window displaying information on CSCEFCU membership will reappear.
5. Continue with steps 2–4 under "How Do I Join."

If you have any questions regarding this form or about CSCEFCU membership, please call us toll free at (800) CSC-EFCU.

MEMBERSHIP APPLICATION AND REQUEST FOR TAX ID NUMBER

I wish to become a member of CSC Employees Federal Credit Union. I agree to conform to the credit union bylaws and account agreements and the terms and conditions of its Truth in Savings and Electronic Funds Transfers Disclosure that you will send me, and to any amendments thereto. I authorize you to gather whatever credit and employment information you consider necessary and appropriate, and also authorize you to use any such information for the purpose of granting preapproval for additional credit offers. **Under the penalty of perjury, I certify that the information on this card is true, including my Taxpayer Identification Number (Social Security Number) and my backup withholding status.**

I / we am / are NOT subject to backup withholding

(CU USE ONLY) ACCOUNT #	LAST NAME	FIRST NAME	INITIAL	
STREET	CITY	STATE	ZIP	DATE OF BIRTH
HOME PHONE ()	BUSINESS PHONE ()	E-MAIL ADDRESS		
EMPLOYER / DIVISION	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME		

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE	DATE
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If not employed by CSC/INFONET: Referred by: name _____ relationship _____

JOINT OWNER

In this agreement, "I/we/me/us" means each and every person signing this signature card. I/we authorize CSC Employees Federal Credit Union to recognize any of the signatures for the transaction of any business for this account. I/we agree that all funds paid in on shares now, earlier, or later by me/us shall be owned as I/we have checked. I/we agree that income earned on this account will be reported under the Tax Identification Number listed on the opposite side of this agreement. Withdrawal of any or all shares by me/us is permitted under this agreement. I/we agree that CSC Employees Federal Credit Union shall not be liable for withdrawals made by me/us. It is further agreed that I/we may pledge all or any part of the account as security for one or more loans. I/we agree to inform CSC Employees Federal Credit Union promptly of any changes.

LAST NAME	FIRST NAME	SOCIAL SECURITY #		
STREET	CITY	STATE	ZIP	DATE OF BIRTH
HOME PHONE ()	BUSINESS PHONE ()	E-MAIL ADDRESS		
SIGNATURE	DATE			
MEMBER SIGNATURE	DATE			

Virginia only Joint account with survivorship Joint account–no survivorship

Thank you for your interest in CSCEFCU. If you have any questions about your new membership benefits, please e-mail us at memberservices@cscefcu.org or call us at (800) 272-3328.