



**ALLEGACY FEDERAL CREDIT UNION**  
**ACCOUNT APPLICATION**  
 allegacy@allegacyfcu.org

P.O. Box 26043  
 Winston Salem, NC 27114-6043  
 336.774.3400 | 800.782.4670

Today's Date \_\_\_\_\_ Primary CIF \_\_\_\_\_ Teller # \_\_\_\_\_

**ACCOUNT TYPE** (Check each account that is being opened)

<b>DEPOSIT ACCOUNT</b> (Required account - \$5 minimum - Certificate \$500)		<b>CHECKING ACCOUNT</b>	
	Account #	Account #	Account #
Daily Access	# _____	SmartRate	# _____
Holiday Club	# _____	Money Market	# _____
Vacation Club	# _____	Other	# _____
Certificate	# _____		
		Allegacy Preferred #	_____

**OVERDRAFT PROTECTION:** YES NO

**Src Acct:** Savings Only Acct # \_\_\_\_\_

(1)Sav Acct # \_\_\_\_\_ (2)LOC Ln # \_\_\_\_\_

**LOC Only LN #** \_\_\_\_\_

(1)LOC Ln # \_\_\_\_\_ (2)Sav Acct # \_\_\_\_\_

**OWNERSHIP**

Select One: Individual Joint w/Right of Survivorship  
 Select One POD Account Personal Agency Account

**ACCOUNT STATUS**

**New Account** (under existing membership) **Change Existing Account(s):** Ownership  
 (This form not intended for the use of "removal of joint owner" from a checking account)

**Legal Name:** \_\_\_\_\_

**Definitions of Ownership:**

Joint with Right of Survivorship: We want a joint account under the provisions of North Carolina General Statute 54-109.58 and understand that 1. Allegacy may pay the money in the account to, or on the order of, any person named in the account unless we have agreed with the credit union that the withdrawals require more than one signature; and 2. Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owner(s) and will not pass by inheritance to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

**Joint CIF**

**Jt. Legal Name:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**SS#/TIN #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Bus Phone #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**St.:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Joint CIF**

**Jt. Legal Name:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**SS#/TIN #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Bus Phone #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**St.:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**POD (Payable on Death) Account:** I (or we) understand that by establishing a Payable on Death account under the provisions of North Carolina General Statute 54-109.57 that: 1. During my (or our) lifetime I (or we), individually or jointly, may withdrawal the money in our account; and 2. By written direction to the credit union I (or we), individually or jointly, may change the beneficiary or beneficiaries; and 3. Upon my (or our) death the money remaining in the account will belong to the beneficiary or beneficiaries, and the money will not be inherited by my (or our) heirs or be controlled by will.

**Beneficiary:** \_\_\_\_\_ **SS/TIN #** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ (mm/dd/yy)

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Beneficiary:** \_\_\_\_\_ **SS/TIN #** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ (mm/dd/yy)

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



**ALLEGACY FEDERAL CREDIT UNION  
ACCOUNT APPLICATION**  
allegacy@allegacyfcu.org

P.O. Box 26043  
Winston Salem, NC 27114-6043  
336.774.3400 | 800.782.4670

Page 2

Today's Date \_\_\_\_\_

Primary CIF \_\_\_\_\_

Teller # \_\_\_\_\_

**Personal Agency Account:** I want a personal agency account under the provision of North Carolina Statute 54-109.63 and understand that the agent named in the account may: 1. Sign checks drawn on the account, and 2. Make deposits into the account. I also understand that upon my death the money remaining in the account will be controlled by my will or inherited by my heirs.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**TAXPAYER IDENTIFICATION NUMBER CERTIFICATION**

Dividends will be reported to the IRS under the Taxpayer Identification Number listed on this application. Under penalties of perjury, I certify: (1) that the number shown on the front of this form is my correct Taxpayer Identification Number; (2) that I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Internal Revenue Service regulations require you to strike out the language certifying that you are not subject to backup withholding due to a notice from the Internal Revenue Service advising you that backup withholding has terminated); and (3) that I am a U.S. person (I am either a citizen or a resident alien of the United States).

**SIGNATURES** All owners/agents must sign applicable signature box below

We agree to Allegacy Federal Credit Union's "Membership & Account Agreement" and the "Rate & Fee Schedule" that is applicable to the selected account(s). If PhoneBanking, Visa® Check Card, or any EFT service is requested and provided, I/We agree to the terms of the Electronic Funds Transfer Agreement included in Allegacy Federal Credit Union's "Membership & Account Agreement". I/We certify that all information provided is correct to the best of my/our knowledge. **The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

**Are you a US citizen or resident alien? If NO, Form W-8 BEN is required .**

\_\_\_\_\_  
OWNER SIGNATURE  
**Are you a US citizen or resident alien?:**    YES    NO

\_\_\_\_\_  
JOINT OWNER/PERSONAL AGENT SIGNATURE  
**Are you a US citizen or resident alien?:**    YES    NO

\_\_\_\_\_  
JOINT OWNER/PERSONAL AGENT SIGNATURE  
**Are you a US citizen or resident alien?:**    YES    NO

**ALLEGACY OFFICE USE**

**CIP Identity Verification As Required by Federal Law**

Member		Joint	
All In One Given/Mailed to Member		All In One Given/Mailed to Member	
Qualifile: SS# Yr/ST _____ / _____		Qualifile: SS# Yr/ST _____ / _____	
No Records	Records	No Records	Records
Order Plastic	PhoneBanking	Order Plastic	PhoneBanking

Member: Viewed Driver's License/State ID Card Expiration Date: \_\_\_\_\_ Issuance Date: \_\_\_\_\_  
Viewed Passport/Gov't ID # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Country \_\_\_\_\_  
Qualifile Report Pulled/i-Risk

Joint: Viewed Driver's License/State ID Card Expiration Date: \_\_\_\_\_ Issuance Date: \_\_\_\_\_  
Viewed Passport/Gov't ID # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Country \_\_\_\_\_  
Qualifile Report Pulled/i-Risk

Employee Initials: \_\_\_\_\_