



**International Airline Employees
Federal Credit Union**

138-44 Queens Blvd, Suite 1B, Briarwood, NY 11435
Phone: (718)525-5903, Fax: (718)525-8958, www.iaefcu.org

MEMBERSHIP APPLICATION & SIGNATURE CARD

Completion of this application and deposit of an initial \$5 membership share is required for membership in International Airline Employees Federal Credit Union.

Applicant Name		Account #	
Mailing Address	City	State	ZIP
Residence Address (required if different from mailing address)	City	State	ZIP
US Social Security Number (Passport required if no US SSN)	Date of Birth	Gender	
Home Phone	Work Phone		
Cell Phone	Email Address		
ID Type <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> State ID	ID Number	State/Country	
Mother's Maiden Name	Place of Birth (City, State)	Employer	
MEMBERSHIP ELIGIBILITY: The Credit Union is required to and will verify eligibility for all applicants <input type="checkbox"/> I am an employee or retiree in the airline industry. <input type="checkbox"/> I am an immediate family member of an employee in the airline industry who is a current Credit Union member. CU Member you are related to _____ Your Relationship _____			

ACCOUNT TYPE/SERVICES

- | | | |
|--|--|---|
| <input type="checkbox"/> Share/Savings (min. \$5) | <input type="checkbox"/> Basic Checking | <input type="checkbox"/> Share Certificate (CD) |
| <input type="checkbox"/> Interest Checking | <input type="checkbox"/> Money Market Checking | <input type="checkbox"/> Holiday Club |
| <input type="checkbox"/> IRA Certificate | <input type="checkbox"/> IRA Savings | <input type="checkbox"/> ATM Card (if Share/Savings A/c only) |
| <input type="checkbox"/> Visa Debit/Check Card (applicable to Checking A/c only) | <input type="checkbox"/> Other Services | <input type="checkbox"/> Visa Credit Card |
| <input type="checkbox"/> Payroll Deduction/Direct Deposit | | |

*Overdraft Protection: Please indicate transfer priority here

TAXPAYER ID NUMBER CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN)/Taxpayer Identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

NOTE: If you ARE subject to backup withholding, initial here _____
If you ARE NOT a U.S. citizen or resident alien you MUST also complete IRS Form W-8.

AGREEMENT AND SIGNATURE

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

Please note: Eligibility for checking account depends on your credit worthiness. A credit report will be requested if you opt for a checking account.

Signature of Applicant

Date

Date of Membership _____	Opened/Approved by _____	Member Verification _____
PIN Request _____	Credit Report _____	Check Verified _____
		Access Card _____



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JOINT MEMBERSHIP & BENECIARY CARD

Member Name			Account #		
Joint Owner (if applicable)			Joint Owner (if applicable)		
Street Address		Apt#	Street Address		Apt#
City	State	ZIP	City	State	ZIP
US. SSN or TIN (Passport required if no US SSN)			US. SSN or TIN (Passport required if no US SSN)		
Date of Birth			Date of Birth		
Home Phone Cell Phone Work Phone			Home Phone Cell Phone Work Phone		
ID Type & Number		State/ Country	ID Type & Number		State/ Country
Email			Email		
Mother's Maiden Name			Mother's Maiden Name		
Employer			Employer		

BENEFICIARY (IES)

- Payable on Death (POD) Trust Account
 All Accounts
 Designate specific Account(s)

Name		Name	
Relationship	% Share	Relationship	% Share
Address		Address	
Date of Birth	SSN/TIN	Date of Birth	SSN/TIN
Phone		Phone	

Signature of Member

Date

Signature of Joint Owner

Date

Signature of Joint Owner

Date

Date of Membership _____	Opened/Approved by _____	Member Verification _____
PIN Request _____	Credit Report _____	Check Verified _____
Access Card _____		