



**Stamford Federal Credit Union**  
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 www.stamfordcu.org

**MEMBERSHIP, ACCOUNT AND  
 LOAN APPLICATION AND ACCOUNT CARD**

Check One:  New Application  Change in Account

**PLEASE TELL US ABOUT YOURSELF**

**I WOULD LIKE TO OPEN THE FOLLOWING ACCOUNTS:**

Credit Union Use Only:

Member No. \_\_\_\_\_

Account No. \_\_\_\_\_

Share/Savings Account  Club Account  Share Draft/Checking Account

Money Market Account

Share Certificate with the following term:

3 months  6 months  12 months  18 months  24 months  36 months  48 months  60 months

IRA Savings

IRA Certificate with the following term:

\_\_\_ months  \_\_\_ months  \_\_\_ months

**I AM:**

An Existing Member. My member or account number is: \_\_\_\_\_

A New Member. I qualify for membership because I:

Live  Work  Worship  Attend School  Volunteer in (list town/city) \_\_\_\_\_

I am an immediate family member of a current member, or reside in the same household.

Current member name: \_\_\_\_\_ Relationship to current member: \_\_\_\_\_

I am an employee of the City of Stamford, CT.

**I AM THE PRIMARY ACCOUNT OWNER. MY INFORMATION IS AS FOLLOWS: (existing members need only complete name & SSN)**

LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY #	
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)				APT/UNIT #	CITY	STATE ZIP
YEARS AT RESIDENCE	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	MONTHLY PAYMENT \$	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH	
<input type="checkbox"/> I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: <input type="checkbox"/> Government-issued ID Card, No. _____, State: <input type="checkbox"/> U.S. Military ID Card, No. _____ <input type="checkbox"/> U.S. Passport, No. _____ <input type="checkbox"/> Permanent Resident Card, No. _____ <input type="checkbox"/> Other, Describe: _____						
EMPLOYER'S NAME AND ADDRESS				POSITION/TITLE	OCCUPATION	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS	GROSS MONTHLY SALARY	

**I WOULD LIKE THE FOLLOWING JOINT OWNER ON MY ACCOUNT (do not complete if you will be the only owner on the account):**

LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY #	
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)				APT/UNIT #	CITY	STATE ZIP
YEARS AT RESIDENCE	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	MONTHLY PAYMENT \$	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH	
<input type="checkbox"/> I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: <input type="checkbox"/> Government-issued ID Card, No. _____, State: <input type="checkbox"/> U.S. Military ID Card, No. _____ <input type="checkbox"/> U.S. Passport, No. _____ <input type="checkbox"/> Permanent Resident Card, No. _____ <input type="checkbox"/> Other, Describe: _____						
EMPLOYER'S NAME AND ADDRESS				POSITION/TITLE	OCCUPATION	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS	GROSS MONTHLY SALARY	
<b>IF YOU HAVE ADDITIONAL JOINT OWNERS, PLEASE ATTACH A SEPARATE SHEET WITH THE REQUESTED INFORMATION.          ALL JOINT OWNERS MUST SIGN THIS APPLICATION.</b>						

**(Optional) I would like the following Payable-on-Death Beneficiary, who will receive the funds in this account if I die (or, on a joint account, when all joint owners die):**

POD BENEFICIARY NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NO.
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**ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:**

- Debit/Check Card** attached to my Checking Account (use at ATMs and for purchases at places that accept the Card)  
 Additional Card for Joint Owner.
- Audio Response** is available to all members by phoning 800.932.5264.
- Home Banking, E-Documents and Bill Pay** are available by logging on to our website and following the instructions.

**OVERDRAFTS**

Please tell us how you would like overdrafts to be treated by completing the following:  
(You must complete BOTH this section and the separate "What You Need to Know about Overdraft Fees" form)

1. **Overdraft Protection Plan.** Under the Overdraft Protection Plan, I may authorize you to pay transactions that would cause an overdraft of my checking account by transferring funds from an existing savings account, or by advancing funds from a line of credit. If I elect Overdraft Protection, you will look to this plan for funds to cover my overdrafts before you use your standard overdraft procedures. If I choose not to elect Overdraft Protection, or I have insufficient funds in my account or insufficient credit available on my line of credit to cover the overdrafts, then your standard overdraft practices will govern. Under those practices, you may (but don't have to) pay checks and automatic bill payments that cause overdrafts; if you do so, you will charge me a fee. If an ATM transaction or one-time debit card transaction causes the overdraft, I must tell you if I want you to pay such transactions or to decline such transactions. (See "What You Need to Know About Overdrafts and Overdraft Fees" attached to this Application.)

Yes, I would like Overdraft Protection. Please pay any overdrafts in my checking account by withdrawing deposit account funds or charging the loan account as follows:

(indicate the order you would like funds transferred by placing 1 for first choice, 2 for second choice, etc. If there are not sufficient available funds in your first choice, then funds will be transferred from your second choice, etc.):

\_\_\_\_\_ Regular Share Savings Account      \_\_\_\_\_ Regular Money Market  
\_\_\_\_\_ Miscellaneous Share Savings      \_\_\_\_\_ Overdraft Line of Credit

I will be charged a fee for this service in the amount of \$5.00 for transfers from any share savings account.

No thanks; I will use your standard overdraft practices.

2. **Standard Overdraft Practices.** Please complete the separate "What You Need to Know About Overdrafts and Overdraft Fees" document.

**CONSUMER LENDING PLAN**

**STATE 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 RESIDENTS:** Marital Status:  Married  Unmarried  Legally Separated

If married: the name of my spouse is \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_  Spouse's Address (if different) \_\_\_\_\_

**Notice:** No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 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.

**MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT:** By signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).

**X** \_\_\_\_\_

If you would like to apply for the Consumer Lending Plan, please do the following:

1. Pick the type of Plan you would like:

**Yes, I'd like to apply for the Consumer Lending Plan.** I would like (check 1 box):

An Individual Plan for the Primary Account Owner listed on page 1. - **OR** -

A Joint Plan for the Primary Account Owner and the following Joint Owner: (name): \_\_\_\_\_

We intend to apply for joint credit. \_\_\_\_\_ (Borrower's initials) \_\_\_\_\_ (Co-Borrower's initials)

2. Read the Truth-in-Lending Disclosure Statement and Credit and Security Agreements provided with this Application.

3. Read and sign the Agreement to Terms on page 3.

4. If you would like optional debt protection on your Plan, please complete the separate debt protection application.

**BORROWER'S ACKNOWLEDGEMENT**

**PLEASE READ BEFORE SIGNING:**

All the information in this application is true. You understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. We have your permission to check it. We may retain this application even if not approved. You understand that we may receive information from others about your credit and we may answer questions and requests from others seeking credit or experience information about you or your accounts with us. (If this application is for two of us, this statement applies to both of us.)

**Credit Report Authorization.** By signing this Application, I authorize you to obtain my credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an on-going basis in connection with this transaction, and for all other legitimate purposes, such as reviewing my accounts or taking collection action on the account.

**Vermont Residents:** Applicant provided consent via phone \_\_\_\_\_ (Credit Union Initials)

**Permission to contact:** By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including autodialed and prerecorded message calls, from the credit union or its third party debt collector at that number.

**CONSUMER LENDING PLAN - AGREEMENT TO TERMS:**

If your Consumer Lending Plan loan application is approved, by signing below, you agree to the following terms:

"You", "Your" and "Borrower", means any person who executes the Plan by signing the Loan Application and Agreement to Terms, or any person who endorses a proceeds check or otherwise accepts, accesses, or uses Plan funds. "We", "us", "our" or "Credit Union" means the Credit Union named on page 1.

**How the Plan Works.** This Consumer Lending Plan has a variety of subaccounts under which you may take various types of loans (called "advances"). Some subaccounts may be revolving (e.g., Personal Line of Credit). The credit available under these subaccounts will replenish as you pay down the balances. Other subaccounts are single-advance subaccounts such as New Auto. These subaccounts will not replenish and will have a set repayment schedule.

**Binding Contract.** This Consumer Lending Plan, which includes the Credit Agreement, Security Agreement, Truth-in-Lending Statement, and all Advance Receipts ("Plan"), is a binding legal contract that will govern the terms of all loans that you obtain under the Plan. You only sign once to open the Plan; thereafter, you may request additional advances without signing any paperwork unless requested by us.

By signing below, you are:

1. **Agreeing to repay all loans you take.** All loans you take under the Plan must be paid back, even if you don't sign any paperwork at the time of the loan.
2. **Pledging your shares and deposits in the Credit Union.** If you default, we may apply the shares and deposits in your accounts to the amount you owe us. We may also prevent you from withdrawing shares or deposits if you are in default, or, in the case of a share-secured or deposit-secured loan, if such withdrawal would cause your balance to fall below what you owe. Your pledge and our lien rights do not include any IRA, Keogh or other account which would lose special tax treatment if pledged. Please see the Security Agreement for complete details.
3. **Granting a security interest in all property you purchase or otherwise pledge.** If you default on any subaccount under the Plan, we may seize and sell any property you have purchased or pledged under that subaccount or any other subaccount. **Cross-Collateralization:** All other collateral you have pledged for any other loan with us (except your home and household goods) will also secure this Plan. **Release of Lien:** We will not release a lien on any of the collateral you have pledged if you are delinquent or in default on any of your subaccounts. For example: if you are in default of your line of credit subaccount, we will not release our lien on your vehicle loan, even if the vehicle loan is paid in full. Please see the Security Agreement for complete details.

**Interest Rates and Fees.** The rates and fees that apply to your subaccounts are disclosed on the separate Truth-in-Lending Statement and/or Advance Receipt.

**Purchase of Optional Products:** If offered, you may apply for optional loan protection products such as credit insurance, debt protection, or Guaranteed Asset Protection (GAP). These products are voluntary and are not required to obtain a loan from us. The premium or fee for the product(s) will be added to the outstanding balance and becomes part of your minimum monthly loan payment. We will retain a portion of this fee as compensation for providing this service. Purchase of optional products may extend the time it takes to pay off your outstanding balance(s). Once you purchase credit insurance or debt protection, all subaccounts under the Plan will be covered, unless you tell us otherwise.

**Acknowledgement:** You acknowledge that you have read, understand and accept the terms and conditions of the Consumer Lending Plan, Credit Agreement and Security Agreement, and have received copies of these documents. You also understand that you will receive a Truth-in-Lending Statement at the time of a single-disbursement advance, and at the time that you open a revolving subaccount. You agree to be bound by all Advance Receipts or similar documents and the Truth-in-Lending Statements, and understand that by endorsing any advance proceeds check, or by otherwise accepting, using or accessing your advance proceeds, you are bound to the aforementioned documents.

**Negative Information Notice:** We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

**NOTICE TO CONSUMER: THIS IS A CONSUMER CREDIT TRANSACTION. (A) DO NOT SIGN ANYTHING BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. (B) YOU ARE ENTITLED TO AN EXACT COPY OF ANY AGREEMENT YOU SIGN. (C) YOU HAVE THE RIGHT AT ANY TIME TO PAY IN ADVANCE THE UNPAID BALANCE DUE UNDER THIS AGREEMENT.**

**THIS WRITTEN LOAN AGREEMENT REPRESENTS THE FINAL AGREEMENT BETWEEN THE PARTIES AND MAY NOT BE CONTRADICTED BY EVIDENCE OF PRIOR, CONTEMPORANEOUS, OR SUBSEQUENT ORAL AGREEMENTS OF THE PARTIES. THERE ARE NO UNWRITTEN ORAL AGREEMENTS BETWEEN THE PARTIES.**

BORROWER'S SIGNATURE X	DATE	CO-BORROWER'S SIGNATURE X	DATE
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**TIN AND BACKUP WITHHOLDING CERTIFICATION** Complete the following section:

Under penalties of perjury, I certify that the number shown on this Application as my Social Security Number or TIN is my correct taxpayer identification number, and that (check applicable boxes):

- I am not subject to backup withholding       I am subject to backup withholding  
 I am a U.S. Citizen       I am not a U.S. Citizen and agree to complete a W-8 or other applicable form.

**The Internal Revenue Service (IRS) does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

**AUTHORIZED SIGNATURES**

By signing below, I am applying for membership in the credit union and/or for the accounts and services indicated. I certify that all information provided in this Application is true and complete to the best of my knowledge. I agree to abide by the Bylaws and other rules of the credit union and agree not to cause any loss to the credit union. I acknowledge receipt of, and agree to the terms of, the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, and to any amendments made thereto.

I also authorize you to check my employment and credit history and to obtain credit reports in connection with this application and from time to time to determine my eligibility for credit union products and services, and I acknowledge that you may share information pertaining to my accounts with credit bureaus and others as allowed under applicable law.

**Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.**

**IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the 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 who opens an account. This means that 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 will also ask to see your driver's license or other identifying information.

SIGNATURE OF PRIMARY ACCOUNT OWNER (Do Not Print)	DATE
X	

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
X	

**CREDIT UNION USE ONLY**

MEMBER/OWNER VERIFICATION		JOINT OWNER VERIFICATION	
<input type="checkbox"/> DOCUMENT DESCRIBED IN APPLICATION	<input type="checkbox"/> QUALIFILE (Chex Systems)	<input type="checkbox"/> DOCUMENT DESCRIBED IN APPLICATION	<input type="checkbox"/> QUALIFILE (Chex Systems)
<input type="checkbox"/> ID SCANNED		<input type="checkbox"/> ID SCANNED	
<input type="checkbox"/> APPROVED FOR ALL SERVICES	<input type="checkbox"/> DRAFT ACCOUNT DENIED	REASON FOR DENIAL	
<input type="checkbox"/> APPROVED FOR PRIMARY SHARE ONLY			
MEMBERSHIP OFFICER	DATE	OPENED BY	DATE