

416 Rowland Street Ballston Spa, NY 12020 Phone: 518-884-7002 | Fax: 518-884-7094 **WWW.TCTFCU.ORG**

Government Lists Checked Treasury CIP List

OFAC

ACCOUNT OPENING REQUEST

Important Information About Opening a New Account: 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. What does this mean for you? When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.

Other _____ List Verification Completion Date _____ Verification By _

Name			Emai	Address		Member No.	
Date of Birth SSN			Best # to Reach You		Mot	Mother's Maiden Name	
Current Addres	S		City		State	Zip	
ID Type	ID Number	Exp. Date	Eligibility	Employer		Position	
Joint Acco	unt Owner (Optional))					
Name			Emai	Address		Member No.	
Date of Birth	SSN		Best #	to Reach You	Mot	her's Maiden Name	
Current Addres	S		City		State	Zip	
ID Type	ID Number	Exp. Date	Eligibility	Employer		Position	
issued), and (2) I a Service (IRS) that to backup withhc U.S. citizen or U.S. withholding beca By signing or oth <u>Disclosure, Fee Sc</u> incorporated her from third parties services we may ca address of any cre adfirm that all infc I/We acknowledg requested and pr conditions, form union is notified it to the terms and	Debit Card TI an perjury, I certify that: (1) The n am not subject to backup withhold lam subject to backup withhold lam subject to backup withhold lam a U.S. citizen resident alien. Certification Ir use you have failed to report al erwise authenticating, I/we agrec- hedule, Funds Availability Polic ein. Credit Report Authorization i, including credit reporting age offer you or for which you may or edit bureau from which it receiv to react the agreements and ovided, I/we agree to the terms of account ownership, account i n writing of a change. I/We agrec conditions of the applicable dis	Bill Pay N CERTIFICATION A umber shown on thi olding because: (a) I ding as a result of a fa or other U.S. person. Interest and divider the to the terms and c y Disclosure, if applic on: You authorize the ncies, to verify your e ualify, including any ed a credit report on at has been provide d disclosures applical of and acknowledge selection and other in the that any updates in closures noted above	ND BACKUP WITH s form is my correct am exempt from ba ailure to report all ir . For federal tax pur ti tem 2 above if you ds on your tax retu AUTHORIZATIO onditions of the Me cable, and to any am a Credit Union to ch eligibility for the acc you. The Credit Un d elsewhere is corre- ble to the accounts receipt of the Elect nformation indicate dentified herein am	ickup withholding, or (b) I iterest or dividends, or (c) poses you are considered un have been notified by ti rn. Cross out item 3 and co mendment the Credit Unic teck your account, credit a counts and services you re or services. If you request, ion will rely on informatio ect. and services requested he cronic Fund Transfers Agre d on this document appli- tend the previously signed	N umber (or I am have not beer the IRS has nor a U.S. person i he IRS that you omplete a W-8 greement, Trut on makes from and employme quest and for the credit unio n you have pro- erein. If an acce ement and Dis es to all of the d Member Serv	waiting for a number to be notified by the Internal Revenue tified me that I am longer subject f you are: and individual who is a are currently subject to backup BEN if you are not a U.S. Person. th-in-Savings Disclosure, <u>Privacy</u> time to time which are nt history, and obtain reports other accounts, products or on will tell you the name and ovided. By signing below you ess card or EFT service is	
X Signature					Dat	e	
X							
Joint Account (Owner Signature				Dat	e	
	INION USE ONLY ership Oper	ned/Approved Bv		Verification Completion	Date	Verification By	