

MEMBERSHIP ACCOUNT INFORMATION



Membership Application

Thank you for your interest in becoming a member of Northside Federal Credit Union (NFCU). NFCU offers savings accounts and loans to its membership base. NFCU will process applications that include all of the following items:

- Completed Membership Application (attached)
- Copies of two forms of identification:
 - Employees of Northside Hospital:
 1. Employee Badge **AND**
 2. Government issued identification (Driver's License, Passport)
 - Non-employee applicants:
 1. Government issued identification (Driver's License, Passport) **AND**
 2. Additional identification (Employee Badge, Social Security Card, Birth Certificate, other Government issued identification)

If the address on the application does not match the address on the Government issued identification, please include a copy of a utility bill that matches the address on the application. Names must match on badge and identification.

Joint Ownership

If you are adding a joint owner on the account, please include the following:

- Joint owner must complete and sign application
- Copies of two forms of identification:
 1. Government issued identification (Driver's License, Passport)
 2. Additional identification (Employee Badge, Social Security Card, Birth Certificate, other Government issued identification)

Required Minimum Deposit

Required is (1) an initial \$25 for a share account or (2) a payroll deduction form. The \$25 is a mandatory minimum balance in your savings account at all time; if not maintained, NFCU can terminate your membership.

Please forward all required documents to creditunion@northsidefcu.com or fax to (404) 845-5033

Identification received via fax is often distorted and unclear. If this happens, we will request that you resubmit using another method, such as emailing a picture taken with your smart phone.

Home Banking

To sign up for home banking, please follow these steps:

1. Visit our home page at www.northsidefcu.com
2. Click on Home Banking
3. Select Enroll
4. Enter your existing Account Number (employee number)
5. Answer the questions presented
6. Create User ID and Password

With first login from each device, the website will prompt you to answer a security question. If you have issues logging in, please call (404) 851-8740.

Please allow 2-3 business days for processing once all documents are received.

MEMBERSHIP ACCOUNT APPLICATION



Account Type: Savings Club Share Certificate

Acct Ownership: Individual Joint Payable-On-Death Custodian for Minor under the Georgia Transfer to Minors Act (GTMA)

Member Information			
Last Name	First Name	Middle Initial	Mothers Maiden Name
Home Address (cannot be P.O. Box)	City	State	Zip
Driver's License State/Number(ex., GA 123456789)	Social Security or Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	
Email Address	Phone Number	Emergency Contact Name	
Emergency Contact Address	City	State	Zip

Eligibility Information			
Current Employer	If not employee of NSH, Name of Family Member	Employee Phone #	Employee ID#

Joint Owner Information			
Last Name	First Name	Middle Initial	Mothers Maiden Name
Home Address (if different from address above)	City	State	Zip
Driver's License State/Number(ex., GA 123456789)	Social Security or Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	
Email Address	Phone Number	Emergency Contact Name	
Emergency Contact Address	City	State	Zip

Beneficiary Information			
Last Name	First Name	DOB	% of Distribution
Address	City	State	Zip
Last Name	First Name	DOB	% of Distribution
Address	City	State	Zip
Last Name	First Name	DOB	% of Distribution
Address	City	State	Zip
Total Distribution (must equal 100%)			

Designation on Payable-On-Death Beneficiary - All Accounts under this member number Specific Accounts

Notice: All beneficiaries are subject to an Office of Foreign Asset Control (OFAC) review before being added or prior to disbursement of funds. A Payable-On-Death Beneficiary on a joint account will not have access to account funds unless all owners are deceased.

MEMBERSHIP ACCOUNT APPLICATION



Under penalties of perjury, applicant signing below certifies that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. Person (U.S. Citizen or Resident Alien). I understand that if I am not a U.S. Person, but a Non-Resident Alien, I must submit the appropriate IRS Form W-8BEN with the membership application.

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

Consent for Electronic Communication – the applicant signing belows affirmatively agrees and authorizes Northside Federal Credit Union (NFCU) to conduct business with them electronically. This disclosure documents the applicant signing below gives consent to conduct transactions electronically and receive electronically online disclosures and notices related to the account(s) applicant is applying to open with NFCU and other products or services that NFCU may offer from time to time. This disclosure also describes applicant’s rights relative to conducting transactions electronically and receive electronically disclosures and notices, in addition to the consequences of withdrawing such consent. Please keep a copy of this disclosure and all other disclosures and agreements related to any accounts with NFCU. This information may include, but is not limited to the following:

- Account Alerts
- Annual Privacy Notice with opt-out option
- Billing rights
- Disclosures
- E-documents (E-statements, E-notices, and E-receipts)
- Notice of changes in terms for your share account(s)
- Notice of changes in fee schedule
- Terms and Conditions of your share accounts
- Truth-In-Savings

The applicant signing below certifies they are applying for membership with NFCU as well as the accuracy of the information provided and acknowledges receipt of a completed copy of this form. The applicant signing below authorizes NFCU gather credit, checking account, and employment information as deemed necessary from time to time in order to assist in determining initial and ongoing eligibility for share account(s) and/or in connection with making credit opportunities available, either now or in the future. The applicant signing below agrees that this is an application for membership in NFCU, and applicant certifies eligibility for membership in NFCU field of membership. All of the information on the application is accurate and truthful, and the account is subject to closure if provided false information. All applicants and beneficiaries will undergo an OFAC screening.

By signing this membership application, I give Northside Federal Credit Union authorization to update my member number in the event that my employee number changes. I authorize information provided by Northside Hospital to validate the change.

With this application is my initial \$25 required share deposit; or, attached is payroll deduction form. The \$25 required share deposit is a mandatory minimum balance in your savings account at all time; if not maintained, NFCU can terminate your membership. This form will supersede any previously dated form on file.

Member’s Signature	Printed Name	Date
Joint Member’s Signature	Printed Name	Date
Credit Union Representative’s Signature	Printed Name	Date

PAYROLL DEDUCTION AUTHORIZATION



I hereby authorize Northside Hospital to make the following deduction from my paycheck each pay period, until further notice, for payment or deposit to the Northside Federal Credit Union:

Member Information			
Last Name	First Name	Middle Initial	Employee ID#

Savings	
Account Number	Amount
Account Number	Amount
Account Number	Amount
Account Number	Amount
Total Amount:	

Loans	
Account Number	Amount
Account Number	Amount
Account Number	Amount
Account Number	Amount
Total Amount:	

Grand Total:	
---------------------	--

Member's Signature	Printed Name	Date
--------------------	--------------	------

Please Choose:	START	CHANGE	STOP
-----------------------	--------------	---------------	-------------

Credit Union Representative's Signature	Printed Name	Date
---	--------------	------

EMPLOYEE VERIFICATION FORM



Verification Type: Membership Loan

_____ Atlanta FAX (404) 845.5033

_____ Forsyth FAX (770) 844.3801

I authorize Northside Hospital to release information relative to my employment with Northside Hospital to Northside Federal Credit Union.

Member Information		
Last Name	First Name	Middle Initial
Email Address	Phone Number	Employee ID#

Member's Signature	Printed Name	Date
Credit Union Representative's Signature	Printed Name	Date

TO BE COMPLETED BY PAYROLL		
Employee ID	Department Number	Seniority Date of Employment
Employment Type	Employment Status	Number of Hours
Position	Base Rate	

Hospital Representative's Signature	Printed Name	Date
-------------------------------------	--------------	------