

## MEMBERSHIP APPLICATION

### Checklist

Complete and sign your application. (Please print legibly.) Incomplete or unsigned applications will be returned.

Include originals or true copies of the required identification (see below).

Forward true legible copies (by mail) or provide originals (in person) for two of the following forms of identification; one must include a picture and one must reflect your current address. (If one of these forms of identification includes both, you need only submit one.)

- Valid U.S. Driver's License
- U.S. Social Security Card
- Utility Billing Statement
- U.S. Military ID
- U.S. Passport
- Passport with accompanying U.S. Work Visa (In-Person Only)
- Other picture ID issued by U.S. Federal, State or Local Government
- 2nd form of identification is required if using Federal, State or local ID card
- Resident Alien card
- U.S. Student Visa (In-Person Only)

USALLIANCE reserves the right to require additional information. Applications that are sent without the proper identification will be returned to you unprocessed.

Social Security Number or ITIN is required for all applicants.

Enclose a check or money order made payable to USALLIANCE Financial.

**A minimum deposit of at least \$1.00 to a savings account is required to open your membership.**

Mail your application, check and copies of your identification to:

**USALLIANCE Financial**  
**411 Theodore Fremd Avenue**  
**Suite 350**  
**Rye, NY 10580-1410**  
**ATTN: Member Services**

### TELL US ABOUT YOURSELF

First Name _____		MI _____	Last Name _____	
Social Security Number _____		Date of Birth (mm/dd/yyyy) _____		Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Non-U.S. <input type="checkbox"/> Resident Alien
Member PIN (alphanumeric required/Min.6 characters in length) _____			Mother's Maiden Name _____	
Residential Address (Street, Apt #, City, State, ZIP) _____			How long at this address?   Years _____   Months _____	
Prior Address, if less than three years at current address (Street, City, State, ZIP) _____				
Mailing Address, if different from above (P.O. Box, Street, City, State, ZIP) _____				
Home Phone (   ) _____		Cell Phone (   ) _____		Business Phone/Ext (   ) _____
Home Email Address _____			Business Email Address _____	
Type of Identification _____				
Issue Date _____		Expiration Date _____		
ID Number _____			State Issued _____	

### MEMBERSHIP ELIGIBILITY INFORMATION

I am eligible to join USALLIANCE Financial through (select one):

My employer: \_\_\_\_\_

My membership in a USALLIANCE partner association.

Association Name: \_\_\_\_\_

I live or work in: \_\_\_\_\_

A family relationship with a current USALLIANCE member:

Member Name \_\_\_\_\_ Relationship \_\_\_\_\_

### ACCOUNT OPTIONS

#### PRIMARY OWNER

**MyLife Savings** (\$1 minimum)

**MyLife Checking** (\$20 minimum)

**OVERDRAFT PRIVILEGE PAY OPT-IN FOR ATM/POS AND EVERY DAY DEBIT CARD TRANSACTIONS**

Please note the we pay overdrafts at our discretion which means that we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined. We will charge you a fee of \$35 each time we pay an overdraft. There is no limit on the total fees per day we will charge you for overdrawing your account. You have an ongoing right to revoke this consent at any time.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT UNDER THE USA PATRIOT ACT OF 2001** To help the federal 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. 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 may also ask to see a form of identification with your photograph or other identifying documents.

## MEMBERSHIP ACKNOWLEDGEMENT & CERTIFICATION

**Under penalty of perjury, I certify that:**

I hereby comply with the bylaws, terms and conditions of the Truth in Savings Disclosure and Membership Agreement, any amendments, and all other agreements and disclosures which may change from time to time. I am applying for membership with USALLIANCE and certify that all information provided is true and correct. If applicable and if I am of legal age, do hereby authorize USALLIANCE to investigate my creditworthiness, employment and income.

Certification of Taxpayer Identification Number: 1.) The number shown on this form is my correct taxpayer identification number 2.) I am not subject to backup withholding because (a) I am exempt from backup withholding (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 interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholding and 3.) I am a U.S. Citizen or U.S. Resident Alien 4.) The FATCA code(s) entered on this form (if any) indicate that I am exempt from FATCA reporting is correct. **Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. By crossing out item 2, you certify that the language related to underreporting does not apply. If you are not a U.S. Citizen or Resident Alien, complete a W-8 BEN to certify foreign status. If a W-8 BEN is completed, your signature does not serve to certify this section.**

Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

The Internal Revenue Service does not require consent to any provisions of this document other than the certification required to avoid backup withholding.

Primary Owner Signature X \_\_\_\_\_ Date \_\_\_\_\_

FOR CREDIT UNION USE ONLY	
ACCOUNT OPEN DATE	APPROVED BY
MEMBER NUMBER	SHARE ACCOUNT NUMBER
SOURCE	

## Please contact USALLIANCE for information on the following services:

- Early Pay Direct Deposit
- Auto Loans
- Home Equity Lines of Credit
- Overdraft Line of Credit
- Kid and Teen Accounts
- Mortgages
- Credit Cards
- Personal Loans



**USALLIANCE.ORG 800.431.2754**