



OMEGA Federal Credit Union
 P.O. Box 15038, 206 Siebert Road
 Pittsburgh, PA 15237
 (412) 369 - 3800; Fax: (412) 369 - 3828

Membership Application

Account # _____ (Staff only)

In order for us to process your membership you will need to complete the Membership Application in full. Remember to check off any of the services that you would like to be enrolled in and the information will be sent to you with your new account packet. A \$5 minimum deposit or a completed payroll/direct deposit card is required for all savings accounts. You will need to provide the credit union with a signed valid photo copy of your driver's license or picture ID to open any new account. If you have any questions regarding this application or membership, please call the Membership Department at (412) 369-3822.

Application and Owner Information

Eligibility for membership: Company Affiliation **OR** Relative Name: _____

Member/Owner: _____ **Employer:** _____

Driver's Lic: State issued and # _____ SSN/EIN: _____ DOB: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physical Address: Street: _____ City/State/Zip: _____

Mailing Address: (if different from above) Street: _____

City/State/Zip: _____ E-mail address: _____

Joint Owner: _____ **Employer:** _____

Driver's Lic: State issued and # _____ SSN/EIN: _____ DOB: _____

Add - all accts Add - listed accts Delete - all accts Delete - listed Accts: _____

Street: _____ City/State/Zip: _____

Work Phone: _____ Cell phone: _____ E-mail address: _____

Account Type: Individual Joint Owners Child (0-11) Teen (12-17) Change: _____

All terms, conditions, forms of account ownership, account selection, and other information indicated on this application apply to all accounts listed below and account owners as indicated unless the credit union is notified in writing of any changes.

- Share/savings (required) Checking Christmas Club IRA Club
- ATM Card (Savings ONLY) Debit Card (checking required) Certificate Vacation Club
- Money Market-trsfer amt \$ _____ Direct Deposit/Payroll Deduction

Beneficiary Designation

Payable upon Death All Accounts **OR** Specific accounts: _____

Beneficiary: _____ Beneficiary #2: _____

Relationship: _____ SSN/EIN: _____ Relationship: _____ SSN/EIN: _____

Street: _____ DOB: _____ Street: _____ DOB: _____

City/State/Zip: _____ City/State/Zip: _____

USA PATRIOT Act Disclosure

IMPORTANT - Federal laws, including the USA PATRIOTS Act, make it necessary for OMEGA Federal Credit Union to require certain information before we process a membership application: ****Copy of valid ID and/or driver's license **Employment Verification **You must have a valid telephone number for your employer **If your employer will not verify employment, you may be asked to submit a copy of a current paystub **Family referrals must be made by current and active members **No P.O. Box addresses, we can use a P.O. Box for a mailing address but the law requires us to have a physical address for our records.**

IF ANY OF THE ABOVE ITEMS ARE NOT INCLUDED WITH THE APPLICATION, PROCESSING MAY BE DELAYED.

Taxpayer Identification Number Certification and Backup Withholding Information

Under penalty of perjury, I certify that: (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, 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 (including a U.S. resident alien).

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. Cross out item 3 above and complete a W-8 if you are not a U.S. person.

Authorization

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Electronic Transfers, Funds Availability Agreements, and Truth-in-Savings Rate and Fee Schedule, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. By signing on the signature line below, I/we agree to all terms and conditions outlined in the booklet "Important Account Information for Our Members" which will be sent to me. I/We also authorize the Credit Union to verify or obtain further information the Credit Union may deem necessary concerning my/our credit standing.

Applicant Signature: _____ **Date:** _____

Joint Signature: _____ **Date:** _____

For Credit Union Use Only Verifications: Primary DL _____ Joint Owner DL: _____ Eligibility _____ Teller#/Initials _____