



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

# Membership Application

Account # \_\_\_\_\_ (CU Only)

**CU Use Only**

Teller#/Initials \_\_\_\_\_

To open your account we need a completed Membership Application. Check any of the services you would like and the information will be sent with your new account packet. A \$5 minimum deposit or a completed payroll/direct deposit card is required for all new accounts. We also need a photo copy of your VALID driver's license or picture ID. Questions? Please call the Membership Department - (412) 369-3800.

Application Type  New Membership  Add J/O or Beneficiary  Other Change: \_\_\_\_\_

Type of Eligibility	Please <input type="checkbox"/> one	Document(s) required
Live in Community		- Address on application and photo ID are same or another form of address verification needed
Work in Community		- Copy of paystub (dated 30 days or less) with company's address
Worships in Community		- Copy of Church Bulletin (dated 30 days or less) with church address included - OR Other official church document with address
Goes to School In Community		- Official document of registration or official transcript of grades (dated 6 months or less)

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

**Member Name:** \_\_\_\_\_ **SSN/EIN:** \_\_\_\_\_

**Driver's Lic:** State issued and # \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Physical Address:**

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Mailing Address:** (if different)

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail address (required):** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Joint Owner:** \_\_\_\_\_ **SSN/EIN:** \_\_\_\_\_

Add joint owner to all accounts  Add joint owner to listed accounts \_\_\_\_\_

Delete joint owner from all accounts  Delete joint owner from listed accounts: \_\_\_\_\_

**Driver's Lic:** State issued and # \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

## Services Requested

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.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Share/savings (required) | <input type="checkbox"/> ATM Card (Savings ONLY)        | <input type="checkbox"/> VISA® UChoose Rewards Card |
| <input type="checkbox"/> Checking                 | <input type="checkbox"/> Debit Card (checking required) | <input type="checkbox"/> UChoose Rewards Debit Card |
| <input type="checkbox"/> Christmas Club           | <input type="checkbox"/> Vacation Club                  | <input type="checkbox"/> Money Market               |

**Continued....Signatures required**

### Beneficiary Designation

Payable upon Death     All Accounts    **OR**     Specific accounts: \_\_\_\_\_

**All blanks must be completed to add beneficiary to account**

Beneficiary: \_\_\_\_\_

Relationship: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

Street: \_\_\_\_\_ DOB: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Beneficiary #2: \_\_\_\_\_

Relationship: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

Street: \_\_\_\_\_ DOB: \_\_\_\_\_

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: \_\_\_\_\_