

**HANNAFORD ASSOCIATES FEDERAL CREDIT UNION
MEMBERSHIP CARD**

Name (FIRST, MIDDLE INITIAL, LAST) _____

SSN/TIN _____

Mailing Address _____

City, State, Zip _____

Street Address (If different from mailing address) _____

City, State, Zip _____

Home Telephone _____

Cell / Other _____

E-mail address _____

Employer _____

Store # _____

Employer Phone# _____

Mother's Maiden Name _____

ID Type (Circle below)

State

ID #

Date Of Birth

License or State ID

____ / ____ / _____

**** POSITIVE ID IS REQUIRED WITH THIS FORM ****

CERTIFICATION OF TAXPAYER ID NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify (1) that _____ - _____ - _____ is my correct taxpayer identification number, and (2) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

SIGNATURE: _____

Date: ____ / ____ / _____

Consumer credit reports may be obtained in connection with this application. If you request, 1) you will be informed whether or not consumer reports were obtained, and 2) if reports were obtained you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnish the reports. The credit union is relying on what you stated in this application and you acknowledge that everything you have stated is true and correct.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the 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. What this means for you: When you apply to open an account, we may ask to see your driver's license or other identifying documents or information that will allow us to identify you. Hannaford Associates Federal Credit Union reserves the right to deny membership upon information through procedures mentioned above.

I hereby make application for membership in the HANNAFORD ASSOCIATES FEDERAL CREDIT UNION and agree to conform to its laws and amendments thereof and subscribe for at least one share.

SIGNATURE: _____

Date: ____ / ____ / _____

For HAFCU use: Initials ____ Approved ____ Denied ____ HBC Verification Date _____

OFAC Verif # _____ Account # _____

HANNAFORD ASSOCIATES FEDERAL CREDIT UNION JOINT OWNER SHARE AGREEMENT

Hannaford Associates Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit insurance on said account, are and shall be owned by them jointly with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them, except by written notice to and agreement of said credit union, which shall not affect transactions theretofore made.

Joint Owner Name (FIRST, MIDDLE INITIAL, LAST)

SSN/TIN

Mailing & Street Address

City, State, Zip

Home Telephone

Mother's Maiden Name

E-mail address

Employer

Employer Phone#

ID Type (Circle below)

State

ID #

Date Of Birth

License or State ID

CERTIFICATION OF TAXPAYER ID NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify (1) that _____ - ____ - _____ is my correct taxpayer identification number, and (2) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

JOINT OWNER SIGNATURE: _____

Date: ____ / ____ / ____

Consumer credit reports may be obtained in connection with this application. If you request, 1) you will be informed whether or not consumer reports were obtained, and 2) if reports were obtained you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnish the reports. The credit union is relying on what you stated in this application and you acknowledge that everything you have stated is true and correct.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the 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. What this means for you: When you apply to open an account, we may ask to see your driver's license or other identifying documents or information that will allow us to identify you. Hannaford Associates Federal Credit Union reserves the right to deny membership upon information through procedures mentioned above.

JOINT OWNER SIGNATURE: _____

Date: ____ / ____ / ____

ACCOUNT OWNER SIGNATURE: _____

Date: ____ / ____ / ____