

ARM STEPS TO OPENING A HAFCU ACCOUNT

Please note that a payroll deduction form is not sufficient information to open an account

1) Take a copy of the associate's primary identification as well as any prospective joint owners. If the individual does not have access to any primary identification, then *two* forms of secondary identification should be verified, documented, copied and attached to the membership card.

Primary Identification:

- State issued drivers license (not expired)
- State issued identification card
- Valid passport or Resident alien identification card

Secondary Identification:

- Valid Hannaford Bros. Co. Employment badge
- Personal verification of identity by a Hannaford ARM or a Store Manager
- Social Security Card
- Birth certificate
- Major credit card w/ matching signature
- Medicare Card or Medicaid Card

2) Have the individual who is to be the account owner fill out the Hannaford Associates Federal Credit Union Membership Card completely. Please read carefully as all lines must be completed or it will delay the account opening. Joint memberships: Have the person who will be the joint member fill in the complete side that says Hannaford Associates Federal Credit Union Joint Owner Share Agreement. There is a line on the bottom for the account owner to sign.

**HANNAFORD ASSOCIATES FEDERAL CREDIT UNION
MEMBERSHIP CARD**

SSN/IN

Name (First Middle Last) _____

Mailing Address _____ City, State, Zip _____

Street Address (if different from mailing address) _____ City, State, Zip _____

Home Telephone _____ Cell/Other _____

Employer _____ State # _____

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 penalty of perjury, I certify that _____ is my correct taxpayer identification number, and that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or for incorrect backup withholding, or for a change in backup withholding. The credit union is relying on that you provided this information and you acknowledge that everything you have stated is true and correct.

IMPORTANT INFORMATION ABOUT PROCEEDURES FOR OPENING A NEW ACCOUNT
In order to open an account, you must provide the following information: 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 to verify that you are who you identify yourself as. Hannaford Associates Federal Credit Union reserves the right to delay membership upon information through procedures mentioned above.

For HAFCU use: Initials _____ Approved _____ Date _____
OPAC Word # _____ Account # _____
Version 01/08

**HANNAFORD ASSOCIATES FEDERAL CREDIT UNION
JOINT OWNER SHARE AGREEMENT**

Hannaford Associates Federal Credit Union is hereby authorized to accept on behalf of the signatories authorized herein in the presence of two witnesses and any notaries for this account. The signatories of this account hereby agree with each other and with Hannaford that all terms and conditions of this account, as hereinafter set forth, shall be binding on each of them and their heirs, assigns, personal representatives and successors in interest. The signatories shall be held jointly and severally liable for the account. Any or all of the signatories may provide the majority of the address on this account agreement as a home name. The right or authority of the credit union under this agreement shall not be changed or terminated by said signatories, or any of them, unless by written notice and agreement of said signatories, which must meet all conditions hereinafter made.

Joint Owner Name (First Middle Last) _____ SSN/IN _____

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 _____

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Under penalty of perjury, I certify that _____ is my correct taxpayer identification number, and that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or for incorrect backup withholding, or for a change in backup withholding. The credit union is relying on that you provided this information and you acknowledge that everything you have stated is true and correct.

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JOINT OWNER SIGNATURE: _____

ACCOUNT OWNER SIGNATURE: _____

3) Collect \$5 required minimum to open account. The employee can either send \$5 *or* fill out a payroll deduction form. We cannot open accounts without this payment.

- a) \$5 cash, or
- b) \$5 check or money order made to HAFCU, or
- c) Payroll deduction form

Payroll deduction forms are unique to Hannaford employees. When filled out correctly, a payroll deduction form will allow the member to have a portion of their paycheck deposited weekly into a HAFCU account and have the remainder of their check in physical form or deposited at the institution of their choice.

Payroll Deduction Election Form

Send/Fax this notice to Hannaford Associates Federal Credit Union
FAX (207) 883-8829 Mail Code: 1440

PLEASE PRINT

Store Name _____ Store Number _____
Associate Name _____ Dept/Position _____
Associate Social Security Number _____

I hereby authorize Hannaford Bros. Co. to deduct the following amount(s) from my weekly paycheck.

CREDIT UNION ACCOUNT	NEW DEDUCTION
Savings Account (A) _____	\$ _____
Weekly Loan Payment (B) _____	\$ _____
Weekly IRA Deposit (C) _____	\$ _____
TOTAL SAVINGS (A+B+C) _____	\$ _____ (801)
Checking Account (D) _____	\$ _____ (810)
Christmas Club (E) _____	\$ _____ (820)
Special Club (F) _____	\$ _____ (830)
TOTAL DEDUCTIONS (A) THRU (F) _____	\$ _____

Associate's Signature: X _____ Date: _____
A.R.M.'s Signature: X _____ Date: _____

Mail to: Hannaford Credit Union
P.O. Box 1440
Portland, ME 04104
FAX to: (207) 883-8829

Interoffice to:
Hannaford Credit Union
Mail Sort 1440

Form H01

Hannaford Associates Federal Credit Union
131 Box 1440 • Portland, ME 04104 • (207) 883-8829 • (207) 883-8829 • FAX (207) 883-8829
www.hannafordcreditunion.com

4) Compare addresses. Look at the address on the ID copied. Now look at the address(es) written on the Hannaford Associates Federal Credit Union Membership Card. Are they the same? Where are they different? It is acceptable to have a P.O. Box for the mailing address but in that case there must be a physical street address written down as well. Due to the Patriot Act of 9/11 we must verify physical street addresses. If the license address needs to be verified here are some forms of address verifications:

- a) Copy of a mortgage statement
- b) Rental lease
- c) Residential utility bill
- d) Notice from a landlord
- e) Paycheck stub

5) Fax all information to: (207) 883-8629 or

Mail all information to: HAFCU

P.O. Box 1440

Portland, ME 04104 or

Inter-Office all information to: MS 1440

***When faxing photo IDs please make the copy lighter than normal. They usually come out much darker at HAFCU so that we are unable to open the account until we get a legible copy of the photo ID.**

6) For all forms that you will need, go to www.hafcu.com.

- 1. Under the left column Information (near the bottom of the page) click on ARM News.**
- 2. Once there, scroll down you will see all forms necessary to open and maintain accounts at the Credit Union.**
- 3. Open file(s) and print.**
- 4. Keep on file for future use.**

7) Call us with any questions 1-800-852-1012 option 3 or email us: members@hafcu.com

8) We sincerely appreciate your help in providing services to Hannaford Associates.