

**HANNAFORD ASSOCIATES FEDERAL CREDIT UNION  
MEMBERSHIP CARD**

Name (First Middle 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 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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**JO SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**JOINT OWNER SIGNATURE:** \_\_\_\_\_

**ACCOUNT OWNER SIGNATURE:** \_\_\_\_\_