



MEMBERSHIP APPLICATION

4121 Wilson Blvd, Suite 100, Arlington, VA 22203
202-456-2900 or 888-804-WHCU (9428) toll-free
Fax: 202-456-2413

ID Verified By _____

PRIMARY OWNER OF ACCOUNT

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH			MOTHER'S MAIDEN NAME	
RESIDENCE ADDRESS (NOT PO BOX)			CITY	STATE	ZIP	WORK PHONE () ()	EVENING PHONE () ()
EMPLOYER	ADDRESS			STATE	ZIP	POSITION	
ELIGIBILITY	SOCIAL SECURITY NO.			DRIVER LICENSE NO./STATE			E-MAIL ADDRESS

JOINT OWNER

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH			MOTHER'S MAIDEN NAME	
RESIDENCE ADDRESS (NOT PO BOX)			CITY	STATE	ZIP	WORK PHONE () ()	EVENING PHONE () ()
EMPLOYER	ADDRESS			STATE	ZIP	POSITION	
SOCIAL SECURITY NO.			DRIVER LICENSE NO./STATE			E-MAIL ADDRESS	

PLEASE CHECK THE SERVICES YOU ARE REQUESTING WITH WHITE HOUSE FEDERAL CREDIT UNION

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Share/Savings Account | <input type="checkbox"/> No-fee Checking Account | <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> VISA® Debit/ATM Card |
| <input type="checkbox"/> Share/Savings Certificate | <input type="checkbox"/> VISA Credit Card | <input type="checkbox"/> New, Used or Refinanced Auto Loan | <input type="checkbox"/> Signature Loan |
| <input type="checkbox"/> Home Equity Loan/Line of Credit | <input type="checkbox"/> First Mortgage Loan | <input type="checkbox"/> Online Banking | <input type="checkbox"/> Bill Pay <input type="checkbox"/> Audio Teller |

SUBSTITUTE W-9 FORM

Under Penalty of Perjury, I certify that 1) the number below is my correct Taxpayer Identification Number and 2) I am not subject to backup withholding either because a) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends or b) that the IRS has notified me that I am no longer subject to backup withholding. (NOTE: If the IRS has notified you that you are subject to backup withholding, cross out #2 above.)

SOCIAL SECURITY NUMBER / TAXPAYER ID NUMBER _____

DESIGNATION OF BENEFICIARY (SHARES)

In the event of my/our death, I/we hereby designate the person(s) named below as my/our beneficiary to receive any and all amounts paid into my/our savings, money market, certificate, and checking account(s).

Name of Beneficiary _____

Social Security No. _____ Date of Birth _____

Address of Beneficiary _____

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 open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

I/we hereby make application for membership in The White House Federal Credit Union and have received copies of all applicable disclosures for applicable accounts and agree to abide by them.

Member's Signature _____ Date _____
X _____

Joint Owner's Signature _____ Date _____
X _____

Please submit your application to The White House Federal Credit Union. If applying by mail, please provide copies of Driver's License for all signers on the account.

Office Use Only:

Reviewed By _____ Date _____ Approved By _____ Date _____
OFAC Check _____ eFunds Check _____ ID Verified _____ Checks Ordered _____ Credit Bureau _____

INDIVIDUAL & JOINT TENANCY SHARE ACCOUNT AGREEMENT WITH RIGHT OF SURVIVORSHIP

The White House 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 said joint owners to their credit as such joint owners with all accumulations thereon are and shall be owned by them jointly and equally with right of survivorship and be subject to the withdrawal of 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. Said joint owners do further agree that any amounts added to this account by reason of any Life Insurance shall be paid to the surviving joint tenant or joint tenants who are hereby designated as the beneficiary or beneficiaries of such insurance.

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 said Credit Union which will not affect transactions therefore made. Shares are not transferable except on the books of the Credit Union. All parties to this account agreement shall keep the Credit Union informed of any change(s) in their address(es).

CREDIT CHECK AUTHORIZATION

I/We hereby authorize The White House Federal Credit Union to receive and exchange credit, income and employment information and permit the Credit Union to verify this information from whichever sources it deems necessary, and may, now and in the future, provide others with information regarding my credit history with you, to the extent permitted by law.

I/We certify that this application is true and complete and accurately represents my present financial condition. I/We understand and acknowledge that if the application is approved, I/We am bound by all terms and conditions of all agreements and disclosures, which will be given to me. Use of my/our credit account, including the issuing of loan drafts, accessing my overdraft protection and/or use of any access device made available to me, will further certify my acceptance of the terms contained therein.