



**Union  
Building  
Trades**

Federal Credit Union

P.O. Box 6270, Parsippany, NJ 07054

**Membership & Account**

*Application*

**ACCOUNTS** *(Please choose any that apply)*

- Share Savings Account (required for membership)- include initial deposit of at least \$5.00
- Share Draft (Checking) Account – include initial deposit
- VISA® Debit Card (PIN will be mailed to you)
- Statement Delivery (choose one):
  - E-Statement (Free) (sign up via Virtual Branch)
  - Paper Statement (\$1.00 each) (default Option)
- Access 24 (audio response phone system) (automatic enrollment)
- Virtual Branch – Home Banking (must sign up online at [www.ubtfcu.org](http://www.ubtfcu.org)) (mobile banking available)

**Please send a copy of 2 forms of identification, one from each category:**

**Primary-** Current photo driver's license with current address, valid photo state/government issued ID with current address, or passport (secondary ID must have current address.)

**Secondary-** Social Security card, utility bill issued in the past 90 days that shows current address, student ID, or Union card.

**PRIMARY OWNER** – *Two Forms of ID Required*

**SOCIAL SECURITY #** \_\_\_\_\_

Name  Mr.  Mrs.  Ms. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip Code \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Local Union # \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Fax \_\_\_\_\_

Eligibility:  Employee  Relative of Current Member Relationship \_\_\_\_\_

Relative's Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

**JOINT MEMBER** – *Two Forms of ID Required*

**SOCIAL SECURITY #** \_\_\_\_\_

Name  Mr.  Mrs.  Ms. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip Code \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to Primary Owner \_\_\_\_\_

**BENEFICIARY** (IMPORTANT – PLEASE COMPLETE)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ SSN \_\_\_\_\_  
Relationship to Primary Member \_\_\_\_\_

**MINOR INFORMATION** (only if opening a Trust account for a minor)

Account Designation: \_\_\_\_\_ DOB \_\_\_\_\_  
UTTMA/UGMA (as custodian for \_\_\_\_\_ (minor) under the  
Uniform Transfers/Gift to Minors Act) Minor's SSN \_\_\_\_\_  
Custodianship terminated when minor attains the age of \_\_\_\_\_ 18 \_\_\_\_\_ 21

**PLEASE SEND A COPY OF CHILD'S BIRTH CERTIFICATE AND SOCIAL SECURITY CARD.**

**MEMBER MUST READ AND SIGN WHERE INDICATED**

(Instruction to Signer: If you have been notified by the IRS that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 or the certification you sign below.)

**CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING**

Under the penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or withholding, and (3) I am a U.S. person (including a U.S. resident alien). By signing this card, you authorize the Credit Union to obtain credit reports in connection with this application for membership, services and/or credit, and for update, renewal or extension of the credit received, if applicable. If you request, the Credit Union will tell you the name and address of any bureau from which it received a credit report on you.

**STATUTORY LIEN.**

If you are in default on any financial obligation to us, federal law gives us the right to apply the balance of share and dividends in your account(s) at the time of default to satisfy the obligation. Once you are in default, we may exercise the right without further notice to you. By signing this application to us, federal law gives us the right to apply the balance of share and dividends in your account(s) at the time of default to satisfy the obligation. Once you are in default, we may exercise the right without further notice to you. By signing this application we agree to all terms and conditions of the Credit Union and any amendment the Credit union makes from time to time which are incorporated herein.

**MEMBERSHIP AGREEMENT**

By signing on the signature line below, you agree to all terms and conditions outlined in THIS BOOKLET and FEE SCHEDULE which will be sent to you.

X \_\_\_\_\_ Date \_\_\_\_\_  
Primary Owner (Signature)  
X \_\_\_\_\_ Date \_\_\_\_\_  
Joint Owner (Signature)

YES, I want to discover all that Union Building Trades FCU has to offer. Please send me information on the following services:

- |   |  |
|---|--|
| <input type="checkbox"/> Checking Account       | <input type="checkbox"/> Home Equity Line of Credit                            |
| <input type="checkbox"/> Home Equity Loan       | <input type="checkbox"/> Money Market Account                                  |
| <input type="checkbox"/> VISA® Debit Card       | <input type="checkbox"/> Other Loans (please specify)                          |
| <input type="checkbox"/> Student Services       | <input type="checkbox"/> First Mortgage  |
| <input type="checkbox"/> VISA® Credit Card      | <input type="checkbox"/> IRAs  |
| <input type="checkbox"/> Savings & Certificates | <input type="checkbox"/> Free Home Banking Virtual Branch                      |
| <input type="checkbox"/> Free Bill Pay service  | <input type="checkbox"/> Mobile Banking Application (Must have Virtual Branch) |

