



Account Number: \_\_\_\_\_

**“SUPPORTING ROLE” APPLICATION FOR MEMBERSHIP (12 to 14 years)**

Account Type:  Share (Savings)

Additional Services:  TouchTone Teller  eBranch  eDocuments  App Check Deposit  VISA Check Card

**MEMBER ELIGIBILITY**

\_\_\_\_\_ **OR** \_\_\_\_\_  
Union/Affiliation Name of Qualifying ActorsFCU Member \* Relationship to Qualifying Member \*  
\* Existing and New member must complete a Certification of Relationship form.

**MINOR’S INFORMATION**

\_\_\_\_\_  
First Name Middle Initial Last Name Social Security Number Date of Birth  
\_\_\_\_\_  
Email Address Also Known As (AKA) Type of Documentation proving AKA Place of Birth  
\_\_\_\_\_  
Mailing Address City State Zip Code  
\_\_\_\_\_  
Physical Address (if different from mailing) City State Zip Code  
\_\_\_\_\_  
Home Phone Cell Phone Work Phone ID Type & Number Mother’s Maiden Name

**CO-OWNER’S INFORMATION (MINOR’S GUARDIAN OR PARENT; REQUIRED)**

\_\_\_\_\_  
First Name Middle Initial Last Name Social Security Number Date of Birth  
\_\_\_\_\_  
Email Address Also Known As (AKA) Type of Documentation proving AKA Place of Birth  
\_\_\_\_\_  
Mailing Address City State Zip Code  
\_\_\_\_\_  
Physical Address (if different from mailing) City State Zip Code  
\_\_\_\_\_  
Home Phone Cell Phone Work Phone ID Type & Number Mother’s Maiden Name

**BENEFICIARY**

\_\_\_\_\_  
First Name Middle Initial Last Name Telephone Number Relationship  
\_\_\_\_\_  
Mailing Address City State Zip Code

**SIGNATURES**

With these signatures below:

- 1. We certify that we have read and agree to all of the terms and conditions listed on the reverse side of this application.
- 2. We attest that the minor is eligible for membership with ActorsFCU through the indicated affiliation/union or through family affiliation listed above.
- 3. We understand that
  - a.) both minor and co-owner must possess a valid Social Security Number and present a valid/unexpired government-issued photo identification (state identification card or passport);
  - b.) the minor will be issued a VISA Debit Card with a non-adjustable usage limit of \$50.00 per day;
  - c.) upon reaching the age of majority, usually 18 or 21 depending on the state, the minor gains full control of the account and can use the monies as he or she sees fit.
- 4. As Co-Owner (minor’s guardian or parent), I understand that by signing this application I accept that I am financially responsible for this account, including any charges or fees associated with it.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Minor’s Signature Date Co-Owner’s Signature Date

**CREDIT UNION USE ONLY**

Application Type:  New Member  Update  Add Co-Owner  Other: \_\_\_\_\_ Disclosures Delivered:  In Person  By Mail  By Email  
Verification/Serv.:  Patriot Guard  Qualifile  Identification  T-T-Teller  eBranch  eDocs  App  
Supporting Docs:  Utility Bill (Address Verification)  Other \_\_\_\_\_ Processed By (Teller Stamp): \_\_\_\_\_

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

By signing on the reverse side, I/we certify under penalties of perjury that the Social Security Number(s)/Tax ID Number(s) written on the reverse side is/are my/our correct Social Security Number(s)/Tax ID Number(s) and that I/we am/are NOT, unless designated below, subject to backup withholding because:

- a) I/we am/are exempt from backup withholding, or
- b) I/we have not been notified by the Internal Revenue Service (IRS) that I/we am/are subject to backup withholding as a result of failure to report all interest or dividends, or
- c) The IRS has notified me/us that I/we am/are no longer subject to backup withholding. I/we further certify that unless otherwise designated below, I/we am/are a U.S. person (including a U.S. resident alien).

\*\*\*\* Only Select If Applicable \*\*\*\*

I/we am/are subject to backup withholding  I/we am/are NOT a United States citizen(s) or resident(s) (complete Form W-8BEN)

**ACCOUNT TERMS AND CONDITIONS**

I/We hereby make application for membership with Actors Federal Credit Union ("ActorsFCU"). All account owners signing this Application for Membership hereby agree to be bound by the bylaws and policies, and any amendments thereto, of ActorsFCU. I/We certify that the information provided in this Application for Membership is true and correct and understand that my/our signature(s) on the reverse side of this application apply to all accounts under my/our name(s). I/We agree to be bound to the terms and conditions of this and all account agreements with ActorsFCU now or in the future, including but not limited to, the Important Account Information for Our Members (Terms and Conditions, Electronic Transfers, Funds Availability and Truth In Savings) and ActorsFCU's Fee Schedule, which have been provided to me/us and which are incorporated into and made part of this membership application as though they were set forth in length. I/We agree that ActorsFCU may access credit information concerning my/our account(s) now and/or in the future and understand that my/our application to establish an account will be verified through a credit reporting agency. I/We agree that ActorsFCU may charge against my/our account(s) any debt owed by me/us to ActorsFCU, now or in the future, without going through any legal process or court proceeding. If this is a joint account, ActorsFCU may charge the debt(s) owed by me/us to ActorsFCU by any or all of us against the deposits of any or all of us. I/We agree that ActorsFCU may access information concerning the handling of my/our account(s) with other financial institutions now and in the future and understand that my/our application to establish an account will be verified through an account verification service. If I/we am/are an Actors Equity Association, SAG-AFTRA member, I/we pledge a security interest in my/our "Residuals" to cover any and all debt or other funds that I may owe to ActorsFCU, including, but not limited to, loans and account overdrafts. I/we understand that the Internal Revenue Service does not require my/our consent to any provision of this document other than the certifications required to avoid backup withholding.

**CHECKING ACCOUNT AGREEMENT WITH OVERDRAFT PAYMENT PROVISIONS**

I/We hereby authorize ActorsFCU to establish this Checking Account for me/us. ActorsFCU is authorized to pay checks signed by me/each of us and to charge all such payments against the shares in this account. It is further agreed that:

- a) Only checks (and other methods) approved by ActorsFCU may be used to make withdrawals from this account.
- b) ActorsFCU is under no obligation to pay a check that exceeds the fully paid and collected share balance in this account. However, if any of the undersigned writes a check that would exceed such balance and result in this account being overdrawn, ActorsFCU may:
  1. Treat such check as a request to ActorsFCU for an advance (in multiples of \$50) from the loan account identified below sufficient to permit ActorsFCU to pay such check and credit the loan advance to this account.
  2. If none of the undersigned is eligible to receive a loan advance as provided above, ActorsFCU may, nevertheless, pay such check and transfer shares to this account in the amount of the resulting overdraft, plus a service charge, from any other regular Share Account from which any of the undersigned is eligible to withdraw shares at that time.
- c) ActorsFCU may pay a check on whatever day it is presented for payment, notwithstanding the date (or any other limitation on the time of payment) appearing on the check.
- d) When paid, checks become the property of ActorsFCU and will not be returned either with the periodic statement of this account or otherwise.
- e) Except for negligence, ActorsFCU is not liable for any action it takes regarding the payment or nonpayment of a check.
- f) Any objection respecting any item shown on a periodic statement of this account is waived unless made in writing to ActorsFCU before the end of 60 days after the statement is mailed.
- g) This account is subject to ActorsFCU's right to require advance notice of withdrawal, as provided in its bylaws.
- h) This account is also subject to such other terms, conditions, and service charges as ActorsFCU may establish from time to time.

If this agreement is signed by more than one person, the persons signing the reverse side shall be the joint owners of this account which, in that event, shall be subject to the additional terms and conditions listed below in the "Joint Share Account Agreement (\*Not Transferable)" section.

**CO-OWNER SHARE ACCOUNT AGREEMENT (\*NOT TRANSFERABLE)**

ActorsFCU is hereby authorized to recognize any of the signature(s) subscribed on the reverse side in the payment of funds or the transaction of any business for this/these account(s). The joint owners of this account hereby agree with each other and with ActorsFCU 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 as such joint owners with all accumulations thereon, 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 ActorsFCU from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by ActorsFCU from time to time. Any or all of said joint owners may pledge all or any part of shares in this account as collateral security to a loan or loans from ActorsFCU. The right or authority of ActorsFCU under this agreement shall not be changed or terminated by said owners, except by written notice to ActorsFCU, which shall not affect transactions therefore made.

**eDOCUMENTS AGREEMENT**

I/we agree that:

- a) I/We will only receive one more copy of my/our paper Account statement through U.S. mail.
- b) I/We will notify ActorsFCU if I/we change my/our email address.
- c) I/We specifically agree that ActorsFCU may provide all disclosures, period statements, agreements, notices, amendments, revisions, and all other documents electronically. I/We will be able to download and/or print these disclosures, agreements, and notices through an appropriate electronic terminal and/or should review all such disclosures, statements, and agreements in a safe and convenient place. I/We have the right to receive a paper copy of an electronic record if applicable law specifically requires ActorsFCU to provide such. Also, I/we may withdraw my/our consent and revoke my/our agreement to receive documents electronically. To request a paper copy or to withdraw of my/our consent and agreement to receive electronic records, I/we must deliver a signed written request to ActorsFCU. I/We can deliver this request; by facsimile (fax) to 212.575.5836, by email to mservices@actorsfcu.com, and by mail or in person to any of ActorsFCU branches.

**CHECK DEPOSIT ONLINE/NON-SCANNING NON-MOBILE**

In addition to the above referenced Check Deposit Online terms and agreements, I/we grant ActorsFCU permission to obtain the primary signer's credit report and score. I/We understand that, based on the primary signer's credit score, I/we may or may not qualify for eLimit, ActorsFCU's automated expedited funds availability service. eLimit is not a form of credit, but rather gives expedited funds availability of deposited funds up to the dollar amount of the assigned eLimit. My/Our eLimit availability will be reduced by holds applied on any outstanding Check Deposit Online. I/We understand that my/our eLimit will be unavailable if my/our account balance becomes negative. If I/we do not qualify for eLimit, I/we may still be allowed to use Check Deposit Online, and I/we understand that expedited funds availability may still be available to me/us through eZ Hold. In order for eZ Hold to apply, I/we need to have available funds on deposit in this account at ActorsFCU. Deposits greater than my/our available eLimit will be allowed; however, immediate credit will only be granted on the amount up to my/our available eLimit plus any funds available through eZ Hold. Once the item(s) has/have been received by ActorsFCU, the remainder of the funds that have not been given immediate availability will be processed according to ActorsFCU's normal "funds availability schedule." In addition, once the item is received by ActorsFCU, the dollar amount of my/our eLimit expedited funds availability that was extended on a deposit will not be available for future deposits until ActorsFCU's normal funds availability schedule expires. Once I/we have made my/our online deposit, I/we have seven (7) business days to deliver my/our item(s) to ActorsFCU, whether in person or by mail. If my/our item(s) is/are not received by ActorsFCU within that time, the deposit will be reversed automatically from my/our account and I/we will be charged a reversal fee for each item. All other ActorsFCU guidelines, fees, and disclosures not explicitly included here apply.

**AGE OF MAJORITY**

<b>Age 18</b>
California, District of Columbia, Kentucky, Louisiana, Maine, Michigan, Nevada, Oklahoma, South Carolina, South Dakota, Virginia
<b>Age 21</b>
Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin, Wyoming

As of 10/2012