

Mature Advantages Application Page 1

(Please Sign Page 2)

Mature Advantages Application

Name: _____

Address: _____

Phone: H: () _____ W: () _____

Birthdate: _____ Soc. Sec. #: _____

email address: _____

Driver's Lic. #: _____

Issuing State: _____ Expiration Date: _____

Note: If you're mailing your application, also include a copy of your Social Security card and a copy of photo ID such as driver's license.

Mother's Maiden Name: _____

(for security purposes only)

How are you eligible for membership?

- Work in City of Reading Live in City of Reading
- Worship in City of Reading
- Educated in the City of Reading
- relative Berks County Senior Citizens Council
- employer/union/association

Employer/Union/Association Name: _____

If you are joining through a relative, please provide us with the following:

Member's Name: _____

Relationship: _____

Joint Owner Information

Name: _____

Street Address: _____

Phone () _____ Birthdate: _____

Soc. Sec. # _____

Driver's Lic. #: _____

Issuing State: _____ Expiration Date: _____

Joint owner will have access to all accounts and services selected by primary member in this application.

I am also interested in the following:

- Holiday Club
- Vacation Club
- Loan
- VISA® Card
- Individual Retirement Accounts
- Certificates of Deposit
- Other investment account options

Check Imprint Information

Please print information as you would like it to appear on your checks:

Your name: _____

Joint owner: _____

Street: _____

City _____

State _____ ZIP: _____

Phone #: _____

When application is completed:

- Please sign on the reverse
- Include the initial deposit of \$50
- Enclose copy of photo I.D.(driver's license)
- Enclose copy of Social Security card
- Indicate a Personal Identification number(PIN) below for your debit card and Online Direct/Dial Direct. Both PIN numbers can be the same.
- For any questions, contact us at 800-451-3477 or 610-374-8351.
- If mailing application and enclosures, send to:

Member Services
Riverfront Federal Credit Union
430 South 4th Street
Reading, PA 19602

Personal Identification Numbers (PIN)

Please select your MasterMoney®/ATM and Dial Direct PINs below, using letters or numbers, no Q or Z please.

NOTE: For your convenience, you may use the same PIN for both. The credit union will destroy this information after the PIN has been set up.

MasterMoney® debit card/ATM

Online Direct/
Dial Direct

Agreement

I/We hereby make application for membership in Riverfront Federal Credit Union and all accounts and services selected in this application, and agree to conform to its bylaws and amendments thereof. By signing below, I/we certify that the information contained in this application is true and correct. I/we also acknowledge that the credit union will mail account disclosure information to me/us within 20 days of receipt of this application. I/We also understand that I/we may request the credit union to mail this information to me/us prior to my/our submission of this application to them, by contacting the credit union at (800) 451-3477. I authorize the credit union to pull my credit report from time to time as needed to determine my eligibility for services.

Taxpayer ID (Social Security #) and Backup Withholding Certification

If you have been notified by the Internal Revenue Services (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 of whichever statement you check below. Please check only one box:

- I have a Social Security Number. Under 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 dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.
- I am applying for a Social Security Number. Under penalties of perjury, I certify (1) that a taxpayer identification number has not been issued to me, and that I mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or I intend to mail or deliver an application in the near future), 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 dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

I understand that if I do not provide a taxpayer identification number to the credit union within 60 days, the credit union will withhold all reportable payments, as required by IRS regulation until I provide a taxpayer identification number.

Signatures:

New Member Signature Date

Joint Owner Signature Date

Office Use Only: Acct#:	_____	Soc. Sec. #	_____	Payroll Code:	_____
Name (L, F, MI):	_____				
Approved By:	_____	Date:	_____		



Mail to:
Atten: Member Services
Riverfront Federal Credit Union
430 South 4th Street
Reading, PA 19602