

# Membership/Loan Election of Services/Signature

NCU 3-04

Use Black Ink



# Navigator

CREDIT UNION

**SECTION 1: Selection of Services** Please check  and complete sections for NCU services.

**A minimum deposit of \$5.00 is required to open membership.**

**A one-time membership fee of \$10 for personal account and \$25 for a business account will be due at the initial opening of the account.**

New Member/Savings Account – Complete Sections 2, 3, 4 and 5  
Membership Eligibility Strictly Verified (See NCU Membership and Instruction Insert). Eligible family members list current NCU member name, your relationship to member and his/her account number (if known)

Visa Check/ATM card (Checking)

Member Card

Joint Owner Card

CURRENT NCU MEMBER NAME \_\_\_\_\_ RELATIONSHIP TO YOU \_\_\_\_\_ MEMBER ACCOUNT NUMBER \_\_\_\_\_

ATM

Member Card

Joint Owner Card

Minor's Navvi-Gator Super Saver's™ or Mariner's™ Club – Complete Sections 2, 3, 4 and 5

Checking – Complete Sections 2, 3, 4, 5 and 6

Savings, Tool (alternate savings) – Complete Sections 2, 4 and 5

Add a joint owner or payable on death beneficiary (POD) to an existing account – Complete Sections 2, 4 and 5

Other \_\_\_\_\_

**Note:** ATM Card(s) and Check Card(s) will allow a joint owner transfer capability on all accounts including those that are not jointly owned.

Additional Services:

NG Payroll Deductions

'N Touch Audio

Account \_\_\_\_\_ ID \_\_\_\_\_ Amount \_\_\_\_\_

'N Touch Web

Account \_\_\_\_\_ ID \_\_\_\_\_ Amount \_\_\_\_\_

Overdraft Transfer

Account \_\_\_\_\_ ID \_\_\_\_\_ Amount \_\_\_\_\_

From Account \_\_\_\_\_ Share ID \_\_\_\_\_

Account \_\_\_\_\_ ID \_\_\_\_\_ Amount \_\_\_\_\_

From Account \_\_\_\_\_ Share ID \_\_\_\_\_

Signature \_\_\_\_\_

**SECTION 2: Member/Applicant/Guarantor**

Member/Applicant Name (please type or print) \_\_\_\_\_ Account No. \_\_\_\_\_ Northrop Grumman Badge No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

**SECTION 3: Member Information**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Driver's License No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ How Long? \_\_\_\_\_ Previous Employer \_\_\_\_\_ How Long? \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Occupation \_\_\_\_\_

**SECTION 4: Deposit Account Joint Owner or Payable on Death (POD) Beneficiary**

Joint Owner or  POD  
 Savings  Checking  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 Driver's License No. \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Joint Owner or  POD  
 Savings  Checking  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 Driver's License No. \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Share Savings IDs \_\_\_\_\_ Checking Account Lookup Number \_\_\_\_\_  
 Date Handled \_\_\_\_\_ Initials and User ID \_\_\_\_\_ Member Verification/ID \_\_\_\_\_  
 Security Verification \_\_\_\_\_  
 Other Comments \_\_\_\_\_

**Signature(s) Required on Back**

**SECTION 5: Signature(s)/Terms & Conditions**

1. You promise that everything you have stated in this application is correct. You authorize Ingalls Employees Credit Union to check your employment and credit history and to obtain credit reports in connection with your request for membership and/or credit and for any update, renewal or extension of the credit received. You understand the credit union will rely on the information in this application and your credit reports to make its decision. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal unions and state chartered credit unions insured by the National Credit Union Administration. If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.

2. By signing below, or when you accept or endorse a check advanced to you under the LOANLINER Credit and Security Agreement "Plan", or by having the advance deposited into your account, or by any other method we authorize you to use, you acknowledge receipt of a copy of the Member/Savings Services Disclosures and Agreements and Disclosure Supplement, Funds Availability Policy, Electronic

Fund Transfers Disclosure, Lending Services Disclosures and Agreements and LOANLINER/Visa Addendum. By signing below, or when you accept or endorse a check advanced to you under the Plan, or by having the advance deposited into your account, or by any other method we authorize you to use, you agree to the terms and conditions of each of the agreements/disclosures applicable to the accounts and services requested above and/or future requests and any amendments the credit union makes from time to time which are incorporated herein.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; and (2) 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 has notified me that I am no longer subject to backup withholding. (Note: If you ARE subject to backup withholding, strike out item (2) of the previous sentence.) If you are not a U. S. citizen, please contact the credit union for instructions.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

**Signature of Member/Guarantor** \_\_\_\_\_ **Date** \_\_\_\_\_

(If a minor, please print minor's name and provide adult signature. The adult must also sign the Deposit Account Joint Account Signature area below)

**Deposit Account Joint Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SECTION 6: Check Order Form**

**Check Style (please choose one)**

- Solid Blue Checks - NCU Logo
- Other Check Type \_\_\_\_\_
- Express Loan Checks

**Alternate Mailing Address for checks and statements (if desired):**

\_\_\_\_\_

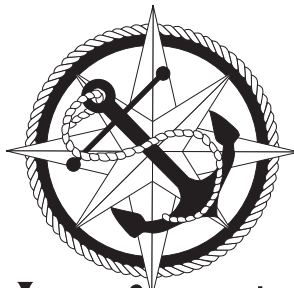
\_\_\_\_\_

\_\_\_\_\_

Your initial order will be one box printed with the member's name, address, telephone number and joint owner's name(s) unless changes are indicated below.

**Changes or additional information to be printed:** \_\_\_\_\_

Check numbers will start with 101 unless otherwise noted: \_\_\_\_\_. Checks will be mailed within two weeks from date of account opening. Applicable check order charge will be deducted from your Checking Account.



**Navigator**  
CREDIT UNION

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navigatorcu.org

