

Membership Sign Up Information

Simply follow the steps below to apply for a NextStep Federal Credit Union membership.

1. Complete all applicable fields on the following Membership Application.
2. Sign up by mail or in person:

In Person:

Bring the Membership Application form to a credit union office with your drivers license or other government-issued photo identification and an initial deposit of at least \$5.00 to open your Share/Savings Account.

By Mail:

If applying by mail, the Membership Application form must be completed and notarized. You will need to provide a copy of your driver's license along with your initial deposit of at least \$5.00 by check or money order payable to NextStep Federal Credit Union. That's it!

Questions? Call us! **Albany:** 518.456.1611 or **Troy:** 518.286.1611



Membership Application

Complete this form, sign it and either submit it to a NextStep representative at one of our branches or mail it to us at the address on the final page.

(To protect your privacy, please do not email this form.)

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

PHONE

E-MAIL

SSN or TIN

DRIVER'S LICENSE or GOVERNMENT ID NUMBER

Eligibility (check one)

- I live, work, worship or attend school in **Albany County, Rensselaer County or Washington County** in New York State.
- I'm a **family member** (by blood or through marriage) of a current NextStep FCU or School Systems FCU member.

Funding: To become a member of NextStep Federal Credit Union, our rules require you to deposit \$5 into a NextStep 'Regular Share Savings Account.' How would you like to fund your membership savings account?

- Check or Money Order (enclosed or attached, made payable to NextStep FCU)
- Cash (in-person applications only, please do no mail cash)

TIN Certification and Backup Withholding Information (if applicable)

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number.
- (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including a U.S. resident alien)

CERTIFICATION INSTRUCTIONS: Cross out number 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

Questions? Call us! **Albany:** 518.456.1611 or **Troy:** 518.286.1611



Account(s) I wish to open the following NextStep FCU accounts upon acceptance of this application. (Note, these accounts are separate from the 'Regular Share Saving Account' you are opening to become a member.)

CHECKING	Opening Deposit	SAVINGS	Opening Deposit
<input type="checkbox"/> Kasasa® Cash Back	_____	<input type="checkbox"/> Kasasa® Saver	_____
<input type="checkbox"/> Kasasa® Cash	_____	<input type="checkbox"/> Money Market	_____
<input type="checkbox"/> NextStep Analog	_____	<input type="checkbox"/> Share Savings	_____

Funding: How would you like to fund the account(s) above at the total indicated?

- Check or Money Order (enclosed or attached, made payable to NextStep FCU)
- Cash (in-person applications only, please do no mail cash)

Account Ownership

Designate the ownership of the accounts and responsibility for the services requested

- Individual
- Joint Account with Survivorship
- Joint Account without Survivorship

Joint Account Holder (if applicable)

JOINT ACCOUNT HOLDER NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

PHONE

E-MAIL

SSN or TIN

DRIVER'S LICENSE or GOVERNMENT ID NUMBER

Continue on next page

Questions? Call us! **Albany:** 518.456.1611 or **Troy:** 518.286.1611



Account Designation I wish to designate the following person as my P.O.D.,
or Payable Upon Death Beneficiary

NAME RELATIONSHIP DATE OF BIRTH SSN or TIN

ADDRESS

CITY STATE ZIP

UTMA/UGMA as custodian for _____ (minor)
under the Uniform Transfer/Gifts to Minors Act Minor's SSN or TIN _____

All Accounts Designate Specific Account(s) _____

By signing below, I/we agree to the terms and conditions of the NextStep Federal Credit Union Membership and Account Agreement, Truth-In-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

APPLICANT SIGNATURE DATE

JOINT ACCOUNT HOLDER SIGNATURE DATE

NOTE: This application provides the information required for NextStep FCU to issue an Account Authorization Card, which when signed by a customer grants them membership. Customers who apply by mail or online will be forwarded an Account Authorization Card for their digital signature.

Mail or return application to any NextStep branch.

ALBANY BRANCH

NextStep FCU

325 Washington Avenue Ext.
Albany, NY 12205

TROY BRANCH

NextStep FCU

150 Defreest Drive
Troy, NY 12180