



DCU/FSF

Membership Application Checklist

To speed up the processing of your application, please follow these steps:

1. Fill out the application completely and sign it. **Incomplete or unsigned applications will be returned.**
2. Include originals or true copies of the required identification (see below) for both Prime Member and Joint Owner(s). A recent pay stub is required if you are applying for a loan for all applicants.

Forward true legible copies (by mail) or provide originals (in person) for two of the following forms of identification one of which must include a picture and one of which must reflect your current address. (If one of these forms of identification includes both you need only submit that one.):

- Valid US Driver's License
- US Social Security Card
- Passport
- Utility Billing Statement
- US Military ID
- US Work Visa
- Other Picture ID Issued by US Federal, State, or Local Government
- 2nd form of identification always required with Federal, State or Local ID card

DCU reserves the right to require additional information. Applications that are sent without the proper identification will be returned to you unprocessed.

3. Social Security Number or ITIN is required for all applicants.
4. Enclose a check or money order made out to Digital Federal Credit Union:
 - **Membership**
You must enclose a minimum deposit of at least \$5.00 to a Savings Account to open your membership.
 - **FSF Dues**
\$60 (student), \$120 (associate member), \$240 (above & beyond member), \$500 (contributing member)
 - **Secured Visa® Credit Card**
Please note if applying for a secured Visa® Credit Card you must include cashier's check or money order for the amount of credit you are requesting. This will be held as security against the loan.
5. Mail your application, check, and copies of your identification, and (if applicable) copies of your pay stub to:

**Digital Federal Credit Union
Account Services Department
220 Donald Lynch Boulevard, PO Box 9130
Marlborough, MA 01752-9130**

What you can expect

Once you mail your application, please...

- Allow 2 weeks to receive your *New Member Welcome Kit* including a DCU membership, disclosures, and a fee schedule.
- Allow 2 weeks to receive your DCU PIN (Personal Identification Number). This is the secret number you'll need to use ATMs, PC Branch, and Easy Touch Telephone Teller.
- Allow 2-4 weeks for processing of your Membership and receipt of member card information.

If you're opening a DCU Checking Account, please also...

- Allow 2 weeks to receive your starter checks and information to select your first order of checks.
- Allow 3 weeks for your DCU Visa® Check Card.

If you're applying for a DCU Visa Credit Card and have been approved, please...

- Allow 2 weeks to receive your card(s).

Definitions

Cashier's Check – A check drawn on the account of a financial institution, not that of a private person. Personal account funds may be used to purchase a cashier's check.

Field of Membership (FOM) – A defined category within which an individual must fall to be eligible for membership in a particular credit union. Federal regulations in effect since March 5, 1999 affecting all Federal Credit Unions set the requirements for DCU membership eligibility. Please read the information below before applying for membership.

Secured Visa® – A credit card loan with a credit limit secured by funds on hold in your DCU savings account. For members trying to reestablish credit or who've not yet established a significant credit line. Credit lines from \$500 to \$5,000.

DCU Membership Eligibility

Eligibility by Family Relationship to a Current DCU Member

Relatives of DCU members are eligible to join by federal regulation if you are a spouse, domestic partner, child, sibling, parent, grandparent or grandchild of a current member. This includes stepchildren, stepparents, stepsiblings, and adopted children.

Eligibility by Field Membership

Our Field Membership (FOM) is the list of companies and organizations whose employees, retirees, or members are eligible to join DCU under our charter. Our FOM is listed on the Membership page in the DCU web site (www.dcu.org). You are eligible to join if you currently work for or retired from a company or organization in our FOM, or you belong to an organization in our FOM. This is how you are eligible if you belong to or are joining SOLF at this time.

Eligibility by Community

You are automatically eligible to join DCU if you live, work, worship, or attend school in one of the communities in our list (see dcu.org for the growing list). Any business or other legal entity located in one of these areas is also automatically eligible to join.



BANKING - THE DCU WAY

Digital Federal Credit Union
220 Donald Lynch Blvd • PO Box 9130 • Marlborough, MA 01752-9130
508.263.6700 • 800.328.8797 • dcu.org • dcu@dcu.org

(DCU ONLY: Member # _____)

Membership Application

Instructions: Sections 1, 2, and 5 must be completed. Please review entire application and complete additional sections as applicable. Include no less than \$5 with this application. Incomplete or illegible applications will result in delays.

1. FIELD OF MEMBERSHIP

MUST BE COMPLETED (Select One) if unsure please go to dcu.org for a complete listing of eligible entities:

- I am eligible to join through my Employer:
I am eligible to join as a member of:
I am eligible to join through the following Immediate Family Member sponsor (includes adoptive, in-law, and step relationships) which you may verify:
This person name is and s/he is my:
child, grandchild, parent, grandparent, or sibling.

IMPORTANT INFORMATION: We are required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a DCU Account. We will ask for your legal name, residential address, Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), Phone Number, and Date of Birth. REQUIRED IDENTIFICATION: No individual can be named on this account in any capacity without having provided the following current identification, one of which must include a picture and one of which must reflect the Individual's current residential address as given.

If you are already a DCU member, you are not required to provide the REQUIRED IDENTIFICATION but you must provide your DCU Member #, Legal Name, and SSN below.

2. GENERAL INFORMATION - Please Print Clearly

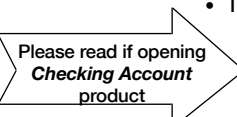
PRIME OWNER
Legal Last Name
Legal First Name Middle
Social Security #
Date of Birth / /
Male Female
Residential Address
City/State/ZIP
Year(s) at this address
Street City State ZIP
Phone # (Home) (Work)
Email Address

JOINT OWNER/ CO-BORROWER
Legal Last Name
Legal First Name Middle
Social Security #
Date of Birth / /
Male Female
Residential Address
City/State/ZIP
Year(s) at this address
Street City State ZIP
Phone # (Home) (Work)
Email Address

3. ACCOUNTS & SERVICES

Instructions: I will check "Individual" for those which I am applying for in my name only, "Joint" when applicable ONLY when I want that account accessible to the Joint Owner I have listed above. NOTE: If I give my PIN to my Joint Owner, that Joint Owner will be able to access the Membership via Easy Touch Telephone Teller and PC Branch, as well as with a DCU Check or ATM Card if one is ordered in that Joint Owner's name.

Individual Joint
Savings Account (please include no less than \$5 with this application - required to open and maintain Membership)
Personal Identification Number (PIN) for Electronic Service usage. (I understand this will be generated and mailed to the Prime Owner's address.)
Electronic Accessibility via PC Branch and Easy Touch Telephone Teller
I understand I will be receiving Electronic Statements for all my accounts, notification of which will be sent to the email address above, unless I check here.
FREE Checking*
Relationship Checking with Dividends* (\$2,500.00 to earn dividends. \$15.00 monthly fee for those months the product qualifications are not met. See dcu.org for details or ask a DCU representative.)
I have read the Disclosure on the last page of this Application and would like to:
Opt-in to "I'm Covered".
Opt-in to "I'm Covered" but do not want DCU to Authorize and pay overdrafts for my everyday check card transactions processed outside of the PIN network.
(I understand that I will receive an acknowledgement of this request in 2 business days)
Print the following on my checks (printer's charge will apply)†
Prime Name Joint Name Address Phone Other
Visa® Check (debit) Card or Savings ATM Card*† (circle one)
Money Market Account (\$1,000 minimum required to earn dividends) Please also provide Money Market Checks † at this time.
Ltd Savings Account (\$25,000 minimum required to earn dividends)



*Upon Approval † Allow 10-14 Days to Receive

4. VEHICLE LOAN

I am at least 18 years of age and I am also applying for the following loan. I agree to sign all documents required to create a valid loan and security agreement. I will be contacted by a DCU representative to discuss the details.

(Note: Complete the Co-Borrower sections ONLY if making an application for JOINT credit.)

Annual Income: Borrower: \$ _____ (PRIME owner on reverse) Co-Borrower (if applicable): \$ _____ (as named in Sec. 2 on reverse)

Include a copy of a recent paystub or other income verification with this request. Alimony, child support, or separate maintenance income need not be revealed as income if you do not wish to have it considered as a basis for repaying this obligation.

Employer: Borrower: _____ Co-Borrower: (if applicable) _____

Length of Employment: Borrower: _____ Co-Borrower: (if applicable) _____

Housing Expense: Own (\$ _____/Month) or Rent (\$ _____/Month)

Vehicle Loan Amount \$ _____, or As much as I'm approved for as an individual or with co-borrower listed.

Please send information on Payment Protection.

Give us the following information about your current auto loan. We'll do a FREE refinance evaluation and contact you with an answer soon.

Institution Name _____ Their Phone # (_____) _____

Mileage _____ miles, Interest Rate _____%, Remaining Term _____mths, Year/Make/Model _____

Contact Me Via Email (address): _____, or By Phone (daytime #): (_____) _____



5. AGREEMENT AND TAXPAYER ID NUMBER (TIN) CERTIFICATION & BACKUP WITHHOLDING

Agreement: I certify that I am within the field of membership, whether by way of employment, organizational or associational affiliation, or an immediate family relationship as defined in your *Truth-in-Savings (TIS) Disclosure and Account Agreements*. Signing below and/or use of my PIN constitutes an agreement to conform to the terms and conditions of the *TIS Disclosure and Account Agreements*, the *Electronic Services Disclosure and Agreements*, and the *Schedule of Fees and Service Charges* all of which are incorporated by this reference, whether applicable to products and services I am currently requesting or those I request in the future. Easy Touch Telephone Teller and PC Branch will be immediately accessible. I may obtain a copy of any of these disclosures at any branch office or through your Information Center. These disclosures (as applicable) will be delivered to me once my membership has been opened. If I, the Prime Owner, am under 17 years of age, I understand that I must have a parent or guardian of legal age joint on any checking account(s) I have with you. I authorize you to gather and exchange whatever credit, checking account and employment information you consider appropriate from time to time and understand you may make credit or other decisions based in part on this information.

Taxpayer Identification Number (TIN) - Enter your TIN in the box below. For individuals, this is your Social Security Number (SSN). However, if you are a resident alien and do not have and are not eligible to get a SSN, your TIN is your IRS individual taxpayer identification number (ITIN). *If the account is in more than one name, see the chart in the TIS Disclosure for guidelines on what number to enter. Typically this will be the Prime Owner's SSN.*

TIN/SSN Box:

Payee exempt from Backup Withholding: See Part III Instructions in the TIS Disclosure

Certification - Under penalties of perjury, I certify that: (1) The information on this form is true, correct, and complete and if proven otherwise you may demand payment in full on any debt I have outstanding with you or revoke any services I use, and (2) The number shown on this form is my correct taxpayer identification number, and (3) I am not subject to backup withholding because: (a) I am exempt from backup withholding and have completed and delivered to you the appropriate exemption form, 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. I agree to cross out number 3 just previous if I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, and (4) I am a U.S. person (including a U.S. resident alien). **The IRS does not require me to consent to any of the provisions of this document other than the certification required to avoid backup withholding.**

NOTE: If applying for a VEHICLE LOAN (Section 4 above), both the Borrower and the Co-Borrower (if applicable) certify they have provided a valid and verifiable Social Security Number on this application as is required by DCU in order to obtain a loan. If both Borrower and Co-Borrower information is supplied, and each signs below, we understand and agree this constitutes our making an application for joint credit.

Prime Owner's Signature _____

Date _____

Joint Owner's (Co-Borrower's) Signature _____

Date _____



DID YOU REMEMBER TO



(Your membership cannot be opened without you doing the following)

- Write clearly • Enter your Social Security # above • Include initial deposit of at least \$5 • Sign (Prime and Joint Owner) • Include Required Identification

INTERNAL USE ONLY: Rec'd ___/___/___ Proc. By # _____ Ver. By # _____ SDC # _____

Prime ID Type _____ # _____ Issue Date ___/___/___ Exp ___/___/___ Add'l Doc _____

Joint ID Type _____ # _____ Issue Date ___/___/___ Exp ___/___/___ Add'l Doc _____

I'm Covered

Overdraft Payment Service

DISCLOSURE: What You Need to Know About Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have **Standard Overdraft Practices** that come with your account if you qualify. (DCU calls its Overdraft Payment Service "*I'm Covered*".)
2. We also offer **overdraft protection plans** such as a path that links to a Savings Account, or an overdraft to a Line of Credit (if you apply and are approved), which may be less expensive than our *Standard Overdraft Practices*. To learn more, see the Contact Info below.

This notice applies to our **Standard Overdraft Practices**.

What are the Standard Overdraft Practices that come with my account?

If you opt-in to and are approved* for DCU's "I'm Covered" Standard Overdraft Payment Service, the following coverage applies:

We **do** authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- Automatic bill payments and other pre-authorized transactions
- Everyday check card purchases (processed outside of the PIN network)

We **do not** authorize or pay overdrafts for the following types of transactions:

- ATM transactions
- Check card purchases (processed through the PIN network)

Note: We may authorize and pay overdrafts at our discretion. If we do not authorize or pay the overdraft, your transaction will be declined or returned. Business checking accounts do not qualify for this service.

What fees will I be charged if you pay my overdraft?

Under our **Standard Overdraft Practices**:

- We may authorize and pay items that overdraw your account up to \$1500 at any one time and charge you a fee of **\$30.00** each time we pay an overdraft.
- There is **no limit** to the total fees we may charge you for overdrawing your account.

NOTE: *This is the same fee that would be charged if the item was returned however, in this case, the item is **paid**.*

***In order to be approved for this Service, I must be at least 23 years of age and a member in good standing with a DCU checking account. I understand I may apply now but that you will delay action on this request until my checking account has been open for at least 90 days.**

CONTACT INFO:

Online at dcu.org, Information Center 508.263.6700 or 800.328.8797, Email: dcu@dcu.org

Set Up Membership
The FSF

The Free Software Foundation (FSF) is a 501(c)(3) nonprofit organization based in Boston, MA, USA. We rely on individuals like you to support the FSF's mission to preserve, protect and promote the freedom to use, study, copy, modify and redistribute computer software, and to defend the rights of free software users.

Thank you for donating to the Free Software Foundation Associate Membership program! You can donate with your credit card, PayPal, check, money order, or wire transfer. Learn more about the benefits of donating via membership [here](#).

Membership Levels

Read [more information](#) about how membership dues work.

- \$500.00 per year **FSF Contributing Member** (with ThankGNU)
- \$240.00 per year **FSF Above & Beyond Member**
- \$120.00 per year **FSF Associate Member**
- \$60.00 per year **FSF Student Member (Currently enrolled students only please)**
- Set your own membership level: \$ per year
- I would like to pay for my annual membership in monthly installments automatically charged to my credit card or PayPal account
- Automatically renew my membership when it expires (credit card or PayPal payment only).

Create Your Login

As a member, you will need a user account on fsf.org to manage your membership.

Username **Password**
Confirm Password

Contact Information

Privacy Note - The Free Software Foundation will not provide any of your contact information to third parties. See our [privacy policy](#) for details.

I do not wish for the FSF to publicly acknowledge my membership.

Name
Address

City
State/Province/Region
ZIP/Postal Code
Country
Email Address
Confirm Email Address

Your email address is needed if you ever have to request a password reset.

Mailing address and telephone/fax numbers

Free Software Foundation
 51 Franklin Street, Suite 500
 Boston, MA 02110-1335
 USA

Telephone: [+1-617-542-5942](tel:+1-617-542-5942)

Fax: [+1-617-542-2652](tel:+1-617-542-2652)