



Consumer Share Draft (Checking) Account Application

By completing, signing and submitting this application to the NIH Federal Credit Union (NIHFCU) you apply for the checking account and related services indicated. NIHFCU can review checking and credit histories with consumer reporting agencies. You certify that the account will be used for personal, family or household purposes. The Checking Account will be subject to applicable law, NIHFCU bylaws, and applicable disclosures and agreements governing NIHFCU checking accounts, and will have the same payable on death beneficiaries as the member's regular share savings account unless otherwise indicated. No transactions will be allowed until NIHFCU has reviewed or received a legible copy of any joint owner's government-issued ID.

Member Name: _____	Member Account Number: _____
SSN/Taxpayer ID No: _____	Date of Birth: _____
Current Address: _____	
Day Phone #: _____	Evening Phone #: _____
Mobile Phone #: _____	E-mail Address: _____
Current Employer: _____	Current Occupation: _____

Leave this section blank if only one owner is desired

Joint Owner Name: _____	SSN/Taxpayer ID No. _____
Current Address: _____	
Date of Birth _____	
Day Phone #: _____	Evening Phone #: _____
Mobile Phone #: _____	E-mail Address: _____
Current Employer: _____	Current Occupation: _____
ID Number: _____	Issue Date: _____ Expiration Date: _____
Issue State: _____	Other: _____

Checking Account Type (please check one)

CareFree Checking TotalCare Checking

Applicant requests all electronic services available except those checked below:

I do not want to enroll in Access 24 (automated telephone banking)
 I do not want to enroll in Online Banking
 I do not want an NIHFCU Debit Card

Initial Account Funding Source Election:

I have enclosed a check for _____ (made payable to NIHFCU)
 Please transfer a total of _____ from my regular savings account to open my checking account

Note: An initial deposit is not required to open your new NIHFCU checking account.

Signatures:

Member Signature	Date	Joint Owner Signature	Date		

Submit this application with required documents, check (or other funding instructions) to:
NIH Federal Credit Union (Attention: Member Support Center)
By Mail: P.O. Box 6475, Rockville, MD 20849-6475
By Fax: 301.770.5372
You can also open your account at any NIHFCU branch location.
 For additional support, please call 800.877.6440