

YES! I would like more information about Apple Federal Credit Union.

Please Print Clearly

Name _____

Address _____

City _____ State _____ Zip Code _____

Place of Employment _____

Please send me additional information on:

- Checking/Visa® Check Card/ATM Card
- 24-Hour Convenience Services
- Visa Credit Card
- eXtras Student Accounts
- Consumer Loans
- Auto Loans
- Home Loans
- Financial Planning – Tax & Investments
- Money Market Accounts
- Club Accounts
- Other _____



AppleFCU.org

Fill in and mail it to P.O. Box 1200, Fairfax, VA 22038 or bring it to the Credit Union.



P.O. Box 1200 • Fairfax, VA 22038-1200
703-788-4800 • 800-666-7996

AppleFCU.org

The following APPLE BRANCHES offer free ATM withdrawals:

Ashburn – 43330 Junction Plaza, #105
(Ashburn Farm Town Center, near Giant)

Centreville – 6009 Centreville Crest Lane
(Centreville Square Shopping Center, near Grand Mart)

Chantilly – 3915B Centreville Road (near CVS)

Fairfax – 9701 Main Street

Fair Oaks Headquarters – 4029 Ridge Top Road, Fairfax

Falls Church – 313 Park Avenue, #G9

George Mason University – Johnson Center, Room 118

Herndon – 905 Alabama Drive

Kingstowne *Opening soon!* – 6831 Sir Viceroy Drive, Alexandria

Manassas – 8745 Mathis Avenue

Merrifield/Gatehouse – 8115 Gatehouse Road, Falls Church
(FCPS Administration Building, Suite 1500)

Mt. Vernon – 4010 Maury Place, Alexandria

Springfield – 5417B Backlick Road

Stafford – 50 Dunn Drive
(Doc Stone 5, across from The Home Depot)

Sterling – 21361 Gentry Drive
(and Cascades Parkway, near Costco)

Vienna – 419 Maple Avenue E. (and Beulab Road)

Winchester – 1850 S. Loudoun Street

Woodbridge – 14229 Potomac Mills Road
(Potomac Festival Shopping Center, across from Staples)

The following SHARED BRANCHES offer free ATM withdrawals:

Falls Church – 1118 W. Broad Street

Springfield – 6314 Springfield Plaza



New Account APPLICATION



New Account Application

Opening Your Account Is As Easy As...

1. Complete information inside application.
2. Attach a copy of your driver's license or photo ID.
3. Mail or bring this application with your minimum \$5 deposit.

Failure to follow these steps will delay the processing of your application.

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What This Means for You: When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Eligibility for Membership *(check one)*

- Employer Student Alumni
- Household/Family Member: Name _____
Relationship _____ Account Number _____

Account Type *(check one)*

- Individual Joint Account with Survivorship Joint Account without Survivorship

Account No.

Member Information

FULL NAME _____

BIRTH DATE _____ SOCIAL SECURITY NUMBER _____

Mailing Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Employer _____

Driver's License Number and State (I.D.) _____

Joint Owner(s) Information

JOINT OWNER (1) NAME _____

BIRTH DATE _____ SOCIAL SECURITY NUMBER _____

Home Phone _____ Work Phone _____

Savings ATM Card Checking Visa Check Card*

Joint Owner(s) Information *(continued)*

JOINT OWNER (2) NAME _____

BIRTH DATE _____ SOCIAL SECURITY NUMBER _____

Home Phone _____ Work Phone _____

Savings ATM Card Checking Visa Check Card*

*Checking account required.

FREE eStatements

- eStatement Agreement** — I elect to obtain my Apple FCU account information online only (eStatements). I understand that Apple FCU will mail me a paper account statement at any time, upon request (a fee may apply). Apple FCU will not disclose or sell any personal information to third parties, excluding credit union affiliates, concerning my account.
- Email Address _____
- I do NOT wish to receive eStatements. I will receive paper statements in the mail.

Requested Products & Services *(check all that you are interested in)*

- Savings ATM Card Phone/NetBranch (web banking)
- Visa Check Card Advantage Checking A+ Checking
- eXtras Student Checking eXtras Student Savings

How did you hear about Apple FCU?

- Employer Advertisement Newsletter
- Website Word-of-mouth Other _____

Check Order Form <i>(please print)</i>	Account No. <input style="width: 80px;" type="text"/>
Name _____	
Name _____	
Address _____	
City _____ State _____ Zip Code _____	
Other information to be printed on check (e.g. phone) _____	
Check Start # _____	Member Initials <input style="width: 40px;" type="text"/>
<input checked="" type="checkbox"/> COUNSELOR/TELLER NO. DATE ____/____/____ <input type="checkbox"/> Advantage Checking <input type="checkbox"/> Check Type Code _____ <input type="checkbox"/> A+ <input type="checkbox"/> FBX	

For Office Use Only	
Deposit Amount _____	Insurance Form _____
ID _____	Member Group _____
Counselor/Teller No. _____	CheX Systems Clearance _____
Date _____	Card Number _____
Branch _____	Membership Officer _____

Membership and Share/Savings Application

(this section must be completed)

By signing below, I/we hereby make application for membership in Apple Federal Credit Union and agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreements 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.

Apple Federal Credit Union is hereby authorized to recognize any one of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid on shares, by any or all of said joint owners to their credit as such joint owner, with all accumulations thereon, are and shall be owned by them jointly, and be subject to the withdrawal or receipt of any one of them and payment to any one of them or the survivor(s) or the estate(s) of the deceased joint owner(s)—according to the type of joint share account selected, as evidenced by the signatures below—shall be valid and discharge said credit union from any liability for such payment.

A joint owner who is an Apple FCU member may pledge all or any part of the shares in this account as collateral security for a loan or loans and the credit union is authorized to apply shares at any time against any indebtedness owing to it by any of the joint owners. If joint ownership is desired, all joint owners must complete the information in the space provided. **NOTE: All joint owners must agree to the same type of joint ownership.**

This account shall be governed by applicable Virginia Laws, Federal Laws, Rules & Regulations, and the By-laws of the credit union & any amendments thereto. Statutory Lien: If you are in default on a financial obligation to us, federal law gives us the right to apply the balance of shares and dividends in your account(s) at the time of default to satisfy that obligation. Once you are in default, we may exercise the right without further notice to you. If at any time you cause Apple Federal Credit Union a loss due to breaking an agreement or fraud (i.e. loan default, forgery, etc.) your service usage will be limited. Further, by submitting this application you consent to allow the credit union to obtain your consumer reports and verify your employment history and other personal information in connection with this application or for related financial services.

I hereby certify that this information is true and correct under penalty of perjury.

Under penalties of perjury, I certify that the Social Security Number I have listed is my correct number and I am not subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

ACCOUNT OWNER Signature Date

JOINT ACCOUNT OWNER (1) Signature Date

JOINT ACCOUNT OWNER (2) Signature Date

Before mailing, remember to:

- Sign and date Application
- Enclose copy of Photo ID
- Include minimum \$5 Deposit.