

**Navy Federal®**  
**Membership Application** (for applicants 18 and over)

This form is NOT to be used to change Member or account information.

**Apply online!**  
 Go to **navyfederal.org** and click  
**Become a Member.**

A. Your Information										
<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Ms.	Name: First	MI	Last	Suffix	Social Security No. (SSN) or ITIN	Date of Birth (MM/DD/YYYY)	
<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Miss							
<input type="checkbox"/> I do not wish to disclose.										

B. Membership Eligibility																	
<input type="checkbox"/>	Military	<input type="checkbox"/>	Civilian	<input type="checkbox"/>	Contractor	<input type="checkbox"/>	Family/Household	<input type="checkbox"/>	Veteran Family	Sponsor's Access No. _____							
<input type="checkbox"/>	NFCU Employee	<input type="checkbox"/>	Veteran		Applicant's Relationship to Sponsor:												
<input type="checkbox"/>	Association/Community/Company			<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Child	<input type="checkbox"/>	Parent	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Grandchild	<input type="checkbox"/>	Grandparent	<input type="checkbox"/>	Household

C. Affiliation (If none, use sponsor's affiliation.)																	
<input type="checkbox"/>	Navy	<input type="checkbox"/>	Marine Corps	<input type="checkbox"/>	Army	<input type="checkbox"/>	Air Force	<input type="checkbox"/>	Space Force	<input type="checkbox"/>	Coast Guard	<input type="checkbox"/>	Non-Military DoD	<input type="checkbox"/>	Navy Federal Employee	<input type="checkbox"/>	Family/Household

D. Employment Status											
<input type="checkbox"/>	Active Duty	<input type="checkbox"/>	Recruit	If Applicable: Pay Grade	Re-enlistment/EAOS Date (MM/DD/YYYY)						
<input type="checkbox"/>	Reservist	<input type="checkbox"/>	National Guard								
<input type="checkbox"/>	Active DoD/U.S. Government Civilian Employee	<input type="checkbox"/>	Employed Outside of the Government	<input type="checkbox"/>	Retired, Receiving Annuity	<input type="checkbox"/>	Retired, Still Employed				
<input type="checkbox"/>	Military Academy	<input type="checkbox"/>	Officer Candidate	<input type="checkbox"/>	ROTC	<input type="checkbox"/>	Non-Wage Earner	<input type="checkbox"/>	Student	<input type="checkbox"/>	DoD Contractor

E. Contact Information				
Current Home Address: Street <small>Cannot Be a Post Office Box</small>	City	State	Zip Code	No. of Years at Residence
Mailing Address: Street <small>If Different From Above Address</small>	City	State	Zip Code	
Driver's License, Government ID, or State ID	Issue Date (MM/DD/YYYY)		Exp. Date (MM/DD/YYYY)	
ID No.	State	Cell Phone No.*		Home Phone or Other Contact No.
Email Address				

*\*If you provide a cell phone number, Navy Federal has your permission to place automated non-marketing calls and text messages to that number. Message and data rates may apply.*

F. Employment Information			
Employer's Name	Job Title	Type of Business	No. of Years With Employer
Employer's Address: Street	City	State	Zip Code
Office Phone		Other Source(s) of Income**	

\*\*Stocks, alimony, pension, etc.

G. How Did You Hear About Navy Federal?												
<input type="checkbox"/>	Website	<input type="checkbox"/>	Newspaper/Magazine	<input type="checkbox"/>	Co-Worker/Friend	<input type="checkbox"/>	Family Member	<input type="checkbox"/>	Employer	<input type="checkbox"/>	Other	Promo Code: _____

H. Products and Services (You will receive the products and services checked unless you indicate otherwise.)			
<input checked="" type="checkbox"/>	Savings/Membership Account (Required)	<input type="checkbox"/>	Navy Federal Online Banking
<input type="checkbox"/>	Checking Account with Navy Federal Debit Card	<input type="checkbox"/>	I do not want Navy Federal Online Banking.
<i>If you do not select a type, a Free EveryDay Checking account will be opened automatically.</i>			
<input type="checkbox"/>	Free Active Duty Checking®	<input type="checkbox"/>	Free Easy Checking
<input type="checkbox"/>	Free EveryDay Checking	<input type="checkbox"/>	Flagship Checking
		<input type="checkbox"/>	I do not want a Navy Federal checking account.

▶ **To set up direct deposit, complete the form below, detach, and provide to your employer.**

**Please see reverse to complete Joint Owner information, for important disclosures, and for required signature(s).** →



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Navy Federal Credit Union® Direct Deposit of Net Pay Enrollment			
Name: First	MI	Last	Suffix
Current Home Address: Street	City	State	Zip Code
I hereby authorize the company named below to initiate Direct Deposits to the account indicated.			
Company name:			
Account Information			
<b>Navy Federal Credit Union</b>	Account No. 1 <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market	Account No. (10 digits, not Access Number)	Amount of Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> Other \$
2560-7497-4	Account No. 2 <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market	Account No. (10 digits, not Access Number)	Amount of Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> Other \$
<b>This authorization is to remain in effect until the payment office has received written notification from me to terminate the Direct Deposit.</b>			
Signature			Date (MM/DD/YYYY)

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**Photocopy as Needed**

I. Joint Owner Information Current Members only need to fill in Access Number and complete the signature area.								
<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	Joint Owner Access No.	Name: First		MI	Last	Suffix	Social Security No. (SSN) or ITIN
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss							
<input type="checkbox"/> I do not wish to disclose.								
Current Home Address: Street			City	State	Zip Code	Date of Birth (MM/DD/YYYY)		
Cannot Be a Post Office Box								
Mailing Address: Street			City	State	Zip Code	No. of Years at Residence		
If Different From Above Address								
Driver's License, Government ID, or State ID				Issue Date (MM/DD/YYYY)		Exp. Date (MM/DD/YYYY)		
ID No.		State						
Email Address				Cell Phone No.*		Home Phone or Other Contact No.		

\*If you provide a cell phone number, Navy Federal has your permission to place automated non-marketing calls and text messages to that number. Message and data rates may apply.

J. Joint Owner Employment Information						
Employer's Name		Job Title		Type of Business		No. of Years With Employer
Employer's Address: Street		City	State	Zip Code	Office Phone	Other Source(s) of Income**

\*\*Stocks, alimony, pension, etc.

### K. Account Opening Disclosures and Agreement and Survivorship Designation

**Account Disclosures:** I/We acknowledge that membership at Navy Federal comes with certain ongoing responsibilities. By signing this document, I/we acknowledge receipt of and agree to all terms and conditions in the Important Disclosure booklet and all other disclosed terms and conditions of all accounts and services that I/we may receive at Navy Federal. These terms and conditions will be disclosed in accordance with applicable state and federal laws. I/We understand that Navy Federal may restrict or suspend my/our access to products or services if I/we engage in conduct that is abusive to the credit union or its membership.

**Consumer Reports:** I/We authorize Navy Federal to obtain a consumer credit report to evaluate my/our creditworthiness so that I/we may be considered for other Navy Federal products and services. I/We also authorize Navy Federal to obtain consumer reports for the purposes of evaluating this membership application and reviewing any Navy Federal accounts I/we open. I/We understand these reports may be used in decisions to deny account applications, close accounts, and/or restrict accounts or services.

**Escheatment:** I/We acknowledge that my/our property may be transferred to the appropriate state (i.e., "escheated") if there has been no activity on any of my/our accounts within the time period specified by state law.

**Identification:** Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including joint owners and authorized signers. *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. It may be necessary for Navy Federal to restrict account access or delay the approval of loans pending further verification of your identity or documentation related to your eligibility.

**Statutory Lien:** I/We acknowledge and pledge to Navy Federal a statutory lien in my/our shares and dividends on deposit in all joint and individual accounts and

any monies held by Navy Federal now and in the future, to the extent of any loan made and any charges payable. The statutory lien does not apply to shares in any Individual Retirement Account.

**Security Interest:** I/We acknowledge and pledge to Navy Federal a security interest in the collateral securing loan(s) that I/we have with Navy Federal now and in the future, including any type of change or increase, and any proceeds from the sale of such collateral and of insurance thereon, not to exceed the unpaid balance of the loan. This security interest in collateral securing loans does not apply to any loan(s) on my/our primary residence.

**Contractual Lien:** I/We authorize Navy Federal to transfer funds from any accounts in which I/we have an ownership interest to correct a negative or overdrawn amount on any account on which my/our name(s) appear(s). My/Our authorization applies to all funds I/we voluntarily deposit into Navy Federal accounts, including Social Security funds, as permitted by law.

**A qualifying Military Direct Deposit of Net Pay must post to your Free Active Duty Checking account within 90 days of account opening. If the Military Direct Deposit stops for more than 90 days, the account converts to a Free EveryDay Checking account.**

<input type="checkbox"/> Joint Account—With Survivorship (On the death of an account owner, the deceased's shares pass to the surviving owner.)
<input type="checkbox"/> Joint Account—No Survivorship (On the death of an account owner, the deceased's shares pass to the estate.)

**The survivorship designation on my membership/savings account applies to all other joint accounts with the same joint owner, unless specifically designated otherwise for a particular account in writing. If a survivorship option has not been indicated here, my accounts will be designated as Joint With Survivorship.**

### L. Required Signatures and Tax Certification

By signing, I/we acknowledge that I/we have read and agree to the information/disclosure above.

<b>Tax Certification</b> (This certification does not apply if I have checked the box below my signature.) Under penalty of perjury, I certify that (1) the SSN/ITIN provided is correct, (2) I am not subject to backup withholding, and (3) I am a US Citizen or US resident alien. The FATCA code certification does not apply.
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**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature of Applicant (required) ▶	Date (MM/DD/YYYY)
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By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.

Signature of Joint Owner (if applicable) ▶	Date (MM/DD/YYYY)
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By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.

**Account Funding—A \$5.00 deposit is required to establish membership.**

### Submission Options

- ▶ **Fax:** 703.206.4600
- ▶ **Mail:** P.O. Box 3000, Merrifield, VA 22119-3000

- ▶ **Online:** Visit [navyfederal.org](http://navyfederal.org); select "Join Now" to establish and fund accounts.
- ▶ **Branch:** Visit [navyfederal.org/branches-atms/index.php](http://navyfederal.org/branches-atms/index.php) to locate a branch office.

For Office Use Only		
Employee No.	SOB Code	Access No.