

Payable on Death (Individual Accounts):

Name	Address	Identifying Information
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Signatures

I/We hereby make application for membership in the Department of Commerce Federal Credit Union and agree to a) I/We conform to its bylaws, Federal Credit Union Act, NCUA Rules and Regulations and any amendments b) to subscribe to share (savings) accounts adhering to balance requirements c) I/We expressly agree that any account opened is subject to all terms/ agreements/fees adopted and amended by the Credit Union; d) I/We agree that the Credit Union can use any credit reporting agencies or otherwise verify the information on this application for the purpose of extending services; that the Credit Union can tell others which it received a credit report on I/us; and e) if joint owners are on this account, any sub accounts are also opened under this general account and it shall be presumed that such accounts are also intended to be joint accounts. I further certify that I am in the Department of Commerce Federal Credit Union's field of membership. I understand that the Credit Union has published an Electronic Funds Transfer Agreement and Disclosure, Membership Account Agreement and a Privacy Notice and Disclosure. I acknowledge that the account disclosures and Rate & Fee Schedules for Share Savings and Share Draft Accounts have been furnished to me by the Credit Union, and its terms are incorporated as part of this agreement. I/We further agree that if I/US use our Online Banking Service to enroll in Online Bill Pay, I/US are also fully responsible for all payments from the account and fees for this service. This agreement supersedes any previous account agreements.

Primary Member Signature	Date
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Co-Applicant Signature	Date
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Accounts

- Share Savings (required for membership)
- Money Market Account
- Checking Account
- Share Certificates

Other Free Services

Please check the additional services you would like at this time.

- VISA® Check Card
- Overdraft Line of Credit (Apply Online)
- Online Banking

Note: Be sure to sign up for free Bill Pay and E-statements online.

Certification of Taxpayer Identification:

I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN) or tax identification number (TIN) shown is my correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have been notified that I am subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. person (including U.S. resident alien).

- I am not subject to backup withholding Exempt I am not a United States Citizen or resident (complete form W-8 ben)

The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

Explanation of Overdraft Coverage:

DOCFCU will not pay your overdrafts for ATM withdrawals and debit card purchases you make at a store, online or by telephone unless you tell us you want overdraft coverage for these transactions. Even if you do not request overdraft coverage for ATM withdrawals and debit card purchases, we may still pay your overdrafts for other types of transactions including checks.

Having overdraft coverage does not guarantee that we will pay your overdrafts. If we decide to pay an overdraft, you will be charged the fees as described below.

Overdraft coverage differs from other overdraft services we offer. See below for more information, including how to contact us if you want overdraft coverage to apply to your ATM withdrawals and debit card purchases.

Overdraft Fees:

We will charge you a fee of \$27.00 each time we pay an overdraft. There is no limit on the daily fees we can charge you for overdrawing your account.

Other Ways We Can Cover Your Overdrafts:

We offer other ways of covering your overdrafts that may be less expensive, such as linking your account to another account with us or an overdraft line of credit. Contact us to learn more about these options.

How to Request Overdraft Coverage or Get More Information:

To request overdraft coverage for your ATM withdrawals and debit card purchases, or for information about other alternatives we offer for covering overdrafts, please:

Contact us at 1.202.482.4134 or 888.626.9845 (outside the D.C. area) or email us at service@docfcu.org

___ I want overdraft coverage for my ATM withdrawals and debit card purchases.

___ I do not want overdraft coverage for my ATM withdrawals and debit card purchases.

Printed Name	Member Number	Signature	Date
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