HARVARD FEDERAL CREDIT UNION

Varsity Life Account



Account Holder Information

Parent/Guardian Signature

Name		Date of birth
Mother's Maiden Name		Social Security Number
Address line 1		
Address line 2		
City	State	Zip code
Email		Phone number
*Please attach a Copy of a	valid government issued ID (e.g.: Dr	iver's license, Passport, birth Certificate, School ID).
Please select which accounts you would like to open:		
Share Savings	Varsity Life Checking	
Additional Services	<u>s:</u>	
Request Debit Card	Request Checks	
Parent/Guardian I	nformation .	
Name		Member Number
*Please attach a Copy of a	valid government issued ID (e.g.: D	river's license or Passport).
minor turns 18 he or she will be notified and Smart Rewards Cash Back account. A link We may pay funds directly to the minor wil understand that the Debit card is not a cree The Harvard Federal Credit Union Debit to Disclosure Statement and Cardholder Agr hereby authorize the Credit Union, or any of from me or from any other person pertain Substitute Certification of Taxpayer Identifi identification number (or I am waiting for notified by the Internal Revenue Service (IR	If have a choice of any Harvard FCU checking account or may be established to the Share Savings Account or thout regard to his or her minority. By signing below I had it card and that the dollar amount of the purchases ard is available for qualified members only. Other eement. By signing below I hereby certify the answ readit bureau or other investigative agency employeding to my credit and financial responsibility, and to a cication number (T.I.N.) If tax ID number was provide a number to be issued to me); and 2. I am not subject. S) that I am subject to backup withholding as a result erson (including resident alien); and 4. The FATCA cool	o will be jointly liable for any returned item, overdraft or unpaid charges and/or fees. When account unt. If no checking account is chosen by their 19th birthday, the account will automatically become a r a Joint Owner's Checking or Share Savings Account enabling pre-authorized overdraft protection. In the protection of the protection of the Harvard FCU Debit as indicated by the attached application. I made with this card will be deducted from my Harvard Federal Credit Union checking account only. I agree to be bound by the terms and conditions covered in the appropriate ers provided by me are to the best of my knowledge and belief, true, correct and complete. I/We districtly by the Credit Union to investigate any references herein listed or statements or other data obtained answer questions about my credit history (including the use of national risk mod-els). IRS Form W-9-d, under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer at to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject de(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. To see
Account Holder Signature		Date

Date