

MEMBERSHIP APPLICATION



Membership Account
 Checking Account
 Money Market Account
 "You-Name-It" Account
 Holiday Account
 Dt _____ Initial _____
 Dt _____ Initial _____
 Dt _____ Initial _____
 Dt _____ Initial _____
 Dt _____ Initial _____

ACCOUNT#

Information about you

NAME		DATE OF BIRTH	
HOW ARE YOU ELIGIBLE FOR MEMBERSHIP? <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> RELATIVE <input type="checkbox"/> STUDENT		PRINT NAME OF QUALIFYING ORGANIZATION OR RELATIVE ACCOUNT#	
ADDRESS		CITY	
HOME PHONE ()	WORK PHONE ()	EXT	STATE ZIP
*SOCIAL SECURITY#	DRIVER LICENSE / STATE ID#	YOUR E-MAIL ADDRESS	
OCCUPATION	EMPLOYER	EMPLOYEE# (if applicable)	

Joint account holder

NAME		DATE OF BIRTH	
ADDRESS		CITY	
HOME PHONE ()	WORK PHONE ()	EXT	STATE ZIP
SOCIAL SECURITY#	DRIVER LICENSE / STATE ID#	YOUR E-MAIL ADDRESS	
OCCUPATION	EMPLOYER	EMPLOYEE# (if applicable)	

Pay-on-death

We recommend that all members select a beneficiary.

BENEFICIARY			
ADDRESS		CITY	
SOCIAL SECURITY#	DATE OF BIRTH	STATE	ZIP

The undersigned (you) are applying to Schools Federal Credit Union for the account(s) indicated above. By signing below, you acknowledge the following: (1) That you will receive, with your receipt of deposit, a copy of the Schools FCU Membership Agreement and Disclosures Booklet that contains all the Agreements and Disclosures affecting all deposit accounts. (2) That you agree to be bound by the terms and conditions applicable to each account requested, as contained in the Schools FCU Membership Agreement and Disclosure Booklet. (3) That the Credit Union is authorized to receive any of the signatures below for the transaction of any business on any account on which that party is named as an owner. (4) That you authorize us to gather whatever consumer reporting agency, account and employment information we consider appropriate from time to time to verify your eligibility for various accounts and services.

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 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 license or other identifying documents.

* **Taxpayer Identification Number (TIN) Certification:** UNDER PENALTIES OF PERJURY you certify that the Social Security Number listed on this form is your correct TIN; that you are a U.S. citizen or resident alien; that you ARE NOT SUBJECT TO BACKUP WITHHOLDING, either because you have not been notified that you are subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified you that you are no longer 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.

SIGNATURE X	DATE
JOINT SIGNATURE X	DATE