



Membership Application and Account Card

 New

 Change _____

Date	Account Number	Social Security Number or TIN	Date of Birth	Branch
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Full Name	State DL#/Other Proper ID	Issue Date	Expiration Date	Place of Issue
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Street Address	City	State	Zip
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Mailing Address (P.O. Box) if different from above	E-mail Address	Home Phone ()
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EMPLOYMENT Name and Street Address of Employer	City	State	Zip
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Work Phone ()	Position	Length of Employment	Gross Income \$	Other Income* \$	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Years at current address	Monthly rent or mortgage \$
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*Alimony, child support and separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this loan.

Name and address of nearest relative not living with you	Relationship	Phone
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Are you a U.S. citizen or resident alien: Yes No If you select "No" you will need to provide W-8 BEN Form.

MEMBERSHIP ELIGIBILITY Please check one and fill in required information:

I am eligible through a designated area
 Live
 Work/Volunteer
 Worship
 Attend school
 I am eligible for credit union membership through my employer/volunteer
 I am eligible through a membership of association/group
 I am eligible through a family member/same household
 Name: _____
 Relationship: _____

ACCOUNTS REQUESTED:
Indicate which accounts are joint by writing joint owner's name below selected account.

Savings (Required Account - \$5 Minimum)
 Joint Owner: _____ Joint Owner: _____
 Joint Owner: _____ Joint Owner: _____

Checking
 Joint Owner: _____ Joint Owner: _____
 Joint Owner: _____ Joint Owner: _____

Money Market (\$1,000 Minimum)
 Joint Owner: _____ Joint Owner: _____
 Joint Owner: _____ Joint Owner: _____

Christmas Club
 Joint Owner: _____ Joint Owner: _____
 Joint Owner: _____ Joint Owner: _____

Other _____
 Joint Owner: _____ Joint Owner: _____
 Joint Owner: _____ Joint Owner: _____

SERVICES REQUESTED:

ATM Card or Visa Debit Card
 Call 24 account access by phone
 Call 24 Cross Account
 Payroll Deduction/Direct Deposit
 Visa Credit Card (see addendum for disclosure table)
 Overdraft Protection:
 Select Options:
 Savings Account
 Money Market
 MoneyLine
 Home Equity*
 Other: _____

** Separate Application Required.*

<input type="checkbox"/> Joint <input type="checkbox"/> Trustee <input type="checkbox"/> Authorized Signers <input type="checkbox"/> Custodian/UGMA <input type="checkbox"/> Other	<input type="checkbox"/> Joint <input type="checkbox"/> Trustee <input type="checkbox"/> Authorized Signers <input type="checkbox"/> Custodian/UGMA <input type="checkbox"/> Other
Name _____	Name _____
Address _____	Address _____
Phone Number _____ DOB _____	Phone Number _____ DOB _____
Social Security#/TIN _____	Social Security#/TIN _____
Drivers License#/Other Proper ID _____	Drivers License#/Other Proper ID _____
Issue Date _____ Exp. Date _____ Place of Issue _____	Issue Date _____ Exp. Date _____ Place of Issue _____
Name _____	Name _____
Address _____	Address _____
Phone Number _____ DOB _____	Phone Number _____ DOB _____
Social Security#/TIN _____	Social Security#/TIN _____
Drivers License#/Other Proper ID _____	Drivers License#/Other Proper ID _____
Issue Date _____ Exp. Date _____ Place of Issue _____	Issue Date _____ Exp. Date _____ Place of Issue _____

BENEFICIARY(IES) COMPLETE ONLY IF POD (PAYABLE ON DEATH) NOT FOR IRA OR OTHER RETIREMENT PLANS

1. Name: Address:	Relationship: Birthdate:	Designated Suffix:
2. Name: Address:	Relationship: Birthdate:	Designated Suffix:
3. Name: Address:	Relationship: Birthdate:	Designated Suffix:

I hereby make application for membership and agree to conform to the Bylaws, as may be amended, of Founders Federal Credit Union ("Credit Union"). I certify that I am within the field of membership of this Credit Union; the signature(s) on this card apply to all accounts designated above and all information provided is true and correct. I also acknowledge that I have received and agree to be bound to the terms and conditions on this card and in the Accounts & Services of the Credit Union booklet, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or agreements as amended from time to time, which are incorporated herein by reference. All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union. Checks will be printed using the names and driver's license numbers of all joint owners and the address and home phone number of the Primary Member as they appear on the application. The singular includes the plural as applicable herein. **The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding.** ACCOUNT OWNERSHIP: The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Application Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations. **For your protection, all new account applications are verified by Equifax. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.**

AUTHORIZED SIGNATURES OF ALL OWNERS

1. _____
Signature Date

2. _____
Signature Date

3. _____
Signature Date

4. _____
Signature Date

FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING INFORMATION:

For U.S. Citizens and Resident Aliens: In addition to my agreements with the Credit Union, by signing this Account Card, I certify, under penalties of perjury, that (1) The Taxpayer Identification Number (TIN) or Social Security Number (SSN) provided is my/correct TIN/SSN (or that I am waiting for the number to be issued); (2) I am NOT subject to backup withholding either because (a) I am exempt, (b) I have not been notified by the IRS that I am subject to backup withholding, or (c) The IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien).

Check this box if you have received IRS notification that you ARE subject to backup withholding.

For All Others: The Form W-8 BEN provided with this Account Card, which is incorporated herein by reference, sets forth my certification. Backup withholding applies unless every account owner provides an appropriate Form W-8, or any owner who has not established status provides a TIN.

I understand I am notarizing the above numbered signatures of owners. Check all that apply. 1. 2. 3. 4.

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____

Notary Public (seal)

CREDIT UNION USE ONLY **DATE APPROVED:** _____ **MEMBERSHIP OFFICER:** _____

Membership Eligibility Code: _____

Checking MICR#: _____ Checking MICR#: _____ MM MICR#: _____

ATM/Debit Card#: _____

Family Member Qualifier (SEG): _____ Mother's Maiden Name: _____