

branch locations

State Branch

Department of State
Room B-641
2201 C Street, NW
Washington, DC 20520
(State Department building pass required for all services)

Federal Center Branch

301 4th Street, SW, Room 130
Washington, DC 20547

Arlington Branch

3100 Clarendon Boulevard
Arlington, VA 22201

Ft. McNair Branch

Building 41
Fort Lesley J. McNair
Washington, DC 20319

(Valid state issued ID or drivers license and verification of Credit Union membership required for entry)

Alexandria Branch

1630 King Street
Alexandria, VA 22314

24-Hour Member Service Center & Rate Line

Available 24 Hours-a-Day
703-706-5000 • 800-296-8882 in the U.S.

Credit Card Services

8:00 a.m.–5:00 p.m., M–F
800-296-8882

If your Visa® Check Card or Visa Platinum

has been lost or stolen, please call:
1-800-449-7728.

USA Patriot Act – Important Information About 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.

STATE DEPARTMENT FEDERAL CREDIT UNION

Membership Account Number: _____

MEMBER INFORMATION (please print)

Full Name (First/Middle/Last) <input type="checkbox"/> M <input type="checkbox"/> F		Social Security Number/Tax I.D.	
Residential Street Address (No P.O. Box except FPO/APO)	City	State	Zip
Mailing Address (if different)	City	State	Zip
Driver's License No.	State Issued	Date of Birth (mm/dd/yyyy)	Home Phone Work Phone
Email Address	Homeowner's Insurance Expiration Date (mm/dd/yyyy)	Auto Insurance Expiration Date (mm/dd/yyyy)	
Employment Status: <input type="checkbox"/> Currently Employed <input type="checkbox"/> Retired		Are You A Contract Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Membership Eligibility: <input type="checkbox"/> I qualify for membership through my employer <input type="checkbox"/> I qualify for membership through my relationship with a member of SDFCU			
<input type="checkbox"/> Immediate Family — spouse, parent, child, sibling, grandparent, grandchild, stepparent, stepchild, stepsibling, or adoptive relationship			
<input type="checkbox"/> Household — persons living in the same residence maintaining a single economic unit.			

Sponsor's/Employer Name _____ Sponsor's SDFCU account number _____ Sponsor's/Employer Phone (____)-____-_____

OPEN ACCOUNTS

- Savings Account** – We will deposit \$1.00 into your account to start you as a member.
- SDFCU Online Internet Access and Account24 Bank by Phone Access** – Access your accounts anytime, anywhere 24/7
- Overdraft Protection** – Funds transferred from your savings account when checking funds are unavailable. (Other options available.)

- Please choose only one checking account.
- Basic Checking** – Free, no minimum balance checking
 - Advantage Checking** – \$2,000 minimum balance interest checking*
 - Privilege Checking** – \$25,000 minimum balance, high rate interest checking*

ACCOUNT SECURITY (optional)

Please choose a password up to 9 characters

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*Personal Accounts Only. Interest calculated daily. Minimum \$200 Direct Deposit monthly. Ten Posted Debit Card Transactions Monthly. Must be signed up for online banking and statements.

A Personal Identification Number (PIN) will be issued to you for your Visa Debit Card, SDFCU Online and Account24 access.

PLEASE READ AND SIGN

By signing below, I certify in accordance with the provisions of Section 3406(a)(1)(c) of the Internal Revenue Code and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown above is my correct identification number and that I am NOT, unless checked below, subject to backup withholding because I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failing to report all interests or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

Check one: (required): I am a U.S. person (including U.S. resident Alien). I am not a U.S. person (or U.S. resident Alien). I have completed IRS form W-8Ben.
Only check if either applies to you: I am subject to backup withholding. I am exempt from paying taxes.

I/We hereby make application for membership in State Department Federal Credit Union and agree that my accounts with the Credit Union are and shall be governed by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure, Overdraft Protection (if applicable), and if an Access Card or EFT Service is requested, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. In addition, I agree to be bound by all of the Credit Union's by-laws and amendments there to which may be adopted from time to time by the Credit Union. I hereby authorize the Credit Union to obtain credit reports and investigations as it may deem necessary to establish my accounts and loans. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested herein.

PRIMARY OWNER SIGNATURE

DATE

JOINT OWNER (Multiple Party with Survivorship)

Full Name (First/Middle/Last)	Social Security Number/Tax I.D.	Driver's License No.	State Issued
Mailing Address (if different than primary owner)	City	State	Zip
Date of Birth (mm/dd/yyyy)	JOINT OWNER SIGNATURE		DATE
FOR OFFICE USE ONLY	Primary	Year	State
	Employee	Date	Membership Off. Date

BRING TO ANY BRANCH LOCATION, OR MAIL TO SDFCU BRANCH SERVICES, 1630 KING STREET, ALEXANDRIA, VA 22314