

# STATE DEPARTMENT FEDERAL CREDIT UNION MEMBER APPLICATION

- New Account
- Add Joint Owner
- Change Data

\*All fields required

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 Acct. No.  

## MEMBER INFORMATION (please print)

Full Name (First/Middle/Last)  M  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 \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State Issued \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employment Status:  Currently Employed  Retired Are You A Contract Employee?  Yes  No

Employer \_\_\_\_\_ # of Years \_\_\_\_\_ Occupation \_\_\_\_\_ Income \_\_\_\_\_

Monthly housing payment: \$ \_\_\_\_\_ Occupancy Status:  Buying/Own with Mortgage  Rent Occupancy Duration: yr(s) \_\_\_\_\_ months \_\_\_\_\_

Prior Address (if at address less than 2 years) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Prior Employer (if at employer for less than 2 years) \_\_\_\_\_ # of Years \_\_\_\_\_ Occupation \_\_\_\_\_ Income \_\_\_\_\_

I am a:  U.S. Citizen  Permanent Resident Alien  Non Resident Alien

Only check if either applies to you:  I am subject to backup withholding.  I am exempt from paying taxes.

Membership Eligibility:  I qualify for membership through my employer/association  I qualify for membership through my relationship with a member of SDFCU  
 Immediate Family — spouse, parent, child, sibling, grandparent, grandchild, stepparent, stepchild, stepsibling or adoptive relationship  
 Household — persons living in the same residence maintaining a single economic unit  
 ACC — The American Consumer Council provides membership eligibility to SDFCU and ACC. I am currently a member of ACC or agree to become a member in order to join SDFCU.

Sponsor's/Employer Name \_\_\_\_\_ Sponsor's SDFCU acct. no. \_\_\_\_\_ Sponsor's/Employer Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How did you hear about SDFCU?

Co-worker  My Employer  Event  Friend  Search  Mail  Metro/VRE  Mobile Ad  Radio  Web Ad  Other \_\_\_\_\_

Promo Code (if applicable): \_\_\_\_\_

## OPEN ACCOUNTS

- Savings Account** — We will deposit \$1.00 into your account to start you as a member.
- Overdraft Protection** — Funds transferred from your savings account when checking funds are unavailable. (Other options available.)
- Free E-statements**

### Please choose only one checking account.

- Basic Checking** — Free, no minimum balance checking
  - Free Debit Card
- Advantage Checking** — \$2,000 minimum balance interest checking\*
  - Free Debit Card
- Privilege Checking** — \$25,000 minimum balance, high-rate interest checking\*
  - Free Debit Card

## ACCOUNT SECURITY

**Create a password for telephone identification purposes. Must be a minimum of six characters and a maximum of nine characters.**

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\* Personal Accounts Only. Interest calculated daily. Minimum \$200 Direct Deposit monthly. Must be signed up for online banking and e-statements.  
Please Note: Advantage Accounts are required to have ten posted debit card transactions monthly.

## JOINT OWNER (Multiple Party with Survivorship)

Full Name (First/Middle/Last)  M  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 \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State Issued \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employment Status:  Currently Employed  Retired Are You A Contract Employee?  Yes  No

Employer \_\_\_\_\_ # of Years \_\_\_\_\_ Occupation \_\_\_\_\_ Income \_\_\_\_\_

**JOINT OWNER CONTINUED** (Multiple Party with Survivorship)

Monthly housing payment: \$ \_\_\_\_\_ Occupancy Status:  Buying/Own with Mortgage  Rent Occupancy Duration: yr(s) \_\_\_\_\_ months \_\_\_\_\_

Prior Address (if at address less than 2 years) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Prior Employer (if at employer for less than 2 years) \_\_\_\_\_ # of Years \_\_\_\_\_ Occupation \_\_\_\_\_ Income \_\_\_\_\_

I am a:  U.S. Citizen  Permanent Resident Alien  Non Resident Alien

Only check if either applies to you:  I am subject to backup withholding.  I am exempt from paying taxes.

**MEMBER DUE DILIGENCE QUESTIONS**

What is the primary source of deposit to the account?

- A. Employment Income
- B. Retirement/Social Security
- C. Investment income
- D. Cash
- E. Other - Please Specify: \_\_\_\_\_

Do you expect to make or receive wire transfers?

- A. Yes
- B. No

**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, 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.

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 a Debit 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.

**Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.**

\_\_\_\_\_  
PRIMARY OWNER SIGNATURE DATE

\_\_\_\_\_  
JOINT OWNER SIGNATURE DATE

FOR OFFICE  
USE ONLY

Employee

Date

Membership Off.

Date