

Membership Account Card

Beneficiary/POD Payee _____

Address _____

City/State/Zip _____

Beneficiary/SSN _____

Beneficiary Birthday _____

Agency

Print name of Agent _____

Signature _____

Date _____

All Accounts

Designated specific account(s)

UTTMA/UGMA (as custodian for

_____ (minor)

under the Uniform Transfers/Gifts to Minors Act)

Minor's TIN/SSN _____

Other _____

See Account Authorization Card

How did you hear about the Credit Union?

DC Online DC Print

Current Member (word-of-mouth) Bulletin

Parish (SEG) _____

Biz Dev Event _____

CU Employee Other _____

FOR CREDIT UNION USE ONLY

See Account Change Card

Date of Membership _____

Opened/App'd by _____

Member Verification _____

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Suffix*

Share/Savings _____

Money Market _____

Share Draft/Checking _____

Living Trust _____

Share Certificate _____

Other _____

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No. _____

Member Name _____

Street _____

City/State/Zip _____

Home Phone () _____

Listed Unlisted

Cell Phone () _____

Email _____

SSN/TIN _____

Driver's Lic. No. _____

Date of Birth _____

Password _____

Employer _____



Uniting Your Faith and Finances

303.424.5037
Fideliscu.org

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number,
- (2) I am not subject to backup withholdings because: a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, 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).

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings, Fee Schedule, Fund Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. *The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit
- Overdraft Protection (Indicate transfer priority below)

- PC Access/Internet Banking _____
- ATM Card _____
- Debit Card _____
- Audio Response _____
- Other _____

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- Individual
- Joint Account with Survivorship
- Joint without Survivorship

Joint Owner _____

Address _____

City/State/Zip _____

Home Phone () _____
 Listed Unlisted

Cell Phone () _____

SSN/TIN _____

Driver's License No. _____

Date of Birth _____

Password _____

Email _____

Joint Owner _____

Address _____

City/State/Zip _____

Home Phone () _____
 Listed Unlisted

Cell Phone () _____

SSN/TIN _____

Driver's License No. _____

Date of Birth _____

Password _____

Email _____

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account
- All Accounts
- Designate Specific Account

Beneficiary/POD Payee _____

Address _____

City/State/Zip _____

Beneficiary/SSN _____

Beneficiary Birthday _____