

MEMBERSHIP APPLICATION FOR COMMUNITIES OF ABILENE FEDERAL CREDIT UNION

PRIMARY MEMBER INFORMATION

MUST HAVE GOOD COPY OF VALID IDENTIFICATION

Print Name:

Last name, First Name, FULL middle name:

Date of birth:

SSN:

Driver's lic:

Physical address:

City:

State:

Zip Code:

Mailing
Address:

State:

Zip Code:

Home
Phone:

Work phone:

Cell Phone:

NON-TAX OWNER INFORMATION IF JOINT MEMBERSHIP

MUST HAVE GOOD COPY OF VALID IDENTIFICATION

Name:

Last name, First Name, FULL middle name:

Date of birth:

SSN:

Driver's lic:

Physical address:

City:

State:

Zip Code:

**Home
Phone:**

SSN:

Phone:

PAY ON DEATH BENEFICIARY INFORMATION

IF NOT SAME AS OR IF NO NON -TAX OWNER

Name:

Address:

Date of Birth:

City:

State:

ZIP Code:

Phone:

IMPORTANT Information about procedures for opening a new account. To help the government fight the funding of terrorism & money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What that 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's license or other identifying documents.

1. I understand that additional information may be needed by the Credit Union in order to complete this request. Additional account disclosures will be mailed to me. They include Terms & Conditions, Electronic Funds Transfers, Substitute Checks, Privacy policy, Truth In Savings, and Common Features.

2. By signing below, the undersigned agrees to the Credit Union by-laws and the terms and conditions of any approved account, as amended from time to time, and authorizes the Credit Union to verify credit and employment history any necessary means. This includes any type of credit reporting agency

3. By signing below I certify that my Tax payer ID number listed above is my correct Tax Payer Id. I also certify that "I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. I certify under penalties of perjury that the above statement is true and correct and that I am a U.S. person (including a U.S. resident alien).

4. I understand and agree that a Cross – Collateral clause applies to any & all accounts and loans I may be authorized on. The collateral for any advance will also secure repayment of your loans, as well as any other amount you now or will owe the Credit Union, past, present, or in the future.

MARK ONE: Multiple party with right of survivorship Single party account with POD Single without POD

**Signature of
primary member:**

Date:

**Member #
(office use)**

**Signature of
non-tax signature:**

Date:

**Primary share #
(office use)**