



APPLICATION FOR MEMBERSHIP

This form is an application for membership to the Communities of Abilene Federal Credit Union. Please complete the following information and either fax it to **325-691-2309** or mail to Communities of Abilene Federal Credit Union at 3661 N. 6TH STREET, ABILENE, TX 79603-5644

PRINT IN INK ONLY. This application **MUST BE ACCOMPANIED BY COPIES OF GOVERNMENT OR STATE ISSUED PICTURE IDENTIFICATION AND SECOND FORM OF ID PERFERABLY SOCIAL SECURITY CARD**

This section MUST be totally completed.

Name of account holder	Last	First	Middle
Lic State	Drivers Lic. #	Social Security	Date of Birth
Physical Address (must have)	Street	City	State / Zip
Mailing Address	Street	City	State and Zip
Home Phone		Cell Phone	Work Phone

If no additional signers on the account, Beneficiary Section MUST be completed.

Name of Beneficiary	Last	First	Middle
Date of birth		Home Phone	
Address	Street	City	State/Zip

ADDITIONAL SIGNER SECTION

Name of second signer	Last	First	Middle
Lic State	Drivers Lic. #	Social Security	Date of Birth
Physical Address (must have)	Street	City	State and Zip
Mailing Address	Street	City	State and Zip
Home Phone		Cell Phone	Work 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 to 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. By signing below, the undersigned agree to the Credit Union by-laws and the terms and conditions of any approved account, as amended from time to time, and authorize the Credit Union to verify credit and employment history by any necessary means. This includes any type of credit reporting agency.

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 will include Terms and Conditions, Electronic Fund Transfers, Funds Privacy, Truth-in-Savings, and Common Features.

You will need to make an election as to the disposition of funds held in the account. A brief description is listed below. **Please circle your election**

Multiple Party Account with Right of Survivorship (2 Signers)

Single Party Account with Death Beneficiaries (1 signer)

By signing below I certify that my Tax payer ID number listed in "Account Holder section 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 that I am a U. S. person (Including a U. S. resident alien).

Applicant's signature: _____

Date: _____

Additional signature: _____

Please indicate the accounts (if any) you wish to open in addition to the primary share account

Credit Union Section: _____

Date Approved _____

Membership Number: _____

Share Account: _____