

# Service Credit Union MEMBERSHIP APPLICATION

Account Owner \_\_\_\_\_  
First Middle Initial Last Name

Current Residence Address \_\_\_\_\_  
Street No. Street Name City State Zip Code

Current Mailing Address \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
(E-mail required for Online Banking & Bill Pay)

Employer and Address \_\_\_\_\_

Name & Address of Nearest Relative Not Living With You \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
(For Nearest Relative) (For Nearest Relative)

- ACCOUNT TYPE**

  - Share Savings
  - ServicePlus Checking
  - Service Checking
  - ATM Card
  - VISA Check Card
  - Call24
  - Online Banking
    - Bill Pay
  - Money Market
  - Christmas Club
  - STOP
  - Smart Savers
  - Other \_\_\_\_\_

Joint Owner \_\_\_\_\_  
First Middle Initial Last

Joint Owner Current Residence Address \_\_\_\_\_  
Street No. Street Name City State Zip Code

Employer and Address \_\_\_\_\_  
Name Street City State Zip Code

Joint Owner \_\_\_\_\_  
First Middle Initial Last

Joint Owner Current Residence Address \_\_\_\_\_  
Street No. Street Name City State Zip Code

Employer and Address \_\_\_\_\_  
Name Street City State Zip Code

By signing below I hereby make Application for Membership with Service Credit Union and agree to conform to its laws and amendments thereof and subscribe for at least one share. I acknowledge receipt of the Credit Union Account Agreement and Disclosure Statement, Rate Schedule and Fees and Transaction Limitations Schedule.

**If employed by the Department of Defense**, I hereby authorize the Department of Defense and its various departments and commands to verify the information listed above and my social security number or other identifier and disclose my current address to authorized SERVICE CREDIT UNION officials so they may contact me in connection with my financial business relationship with Service Credit Union. All information will be used solely in connection with my financial business relationship with SERVICE CREDIT UNION.

**INSTRUCTIONS TO SIGNER:** If you have been notified by the Internal Revenue Service that you are subject to backup withholding due to Payee under reporting, and you have not received notice from the IRS that backup withholding has terminated, you must strike out the language in CLAUSE 2 of the Certification below.

**CERTIFICATION AS TO THE TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING**

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 withholding 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 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 U.S. resident alien).

**Please refer to the Account Agreement and Disclosure for the Joint Account Agreement.**

**Each signer also agrees that the Credit Union may obtain any credit reference necessary including, but not limited to, eFunds, at any time while an account holder.**

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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. What this 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. Membership is intended to provide credit union services to all who are eligible. Branch Office service in Germany may be unavailable to some DoD retiree's and their families based on the NATO Status of Forces Agreement with Germany and/or other Field of Membership restrictions.

**Primary Member** \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
(Signature)  
 Documentary ID:  
 Document Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Document ID #: \_\_\_\_\_  
 Non-documentary ID: \_\_\_\_\_ Non-documentary ID verification followed:

**Joint Owner** \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
(Signature)  
 Documentary ID:  
 Document Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Document ID #: \_\_\_\_\_  
 Non-documentary ID: \_\_\_\_\_ Non-documentary ID verification followed:

**Joint Owner** \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
(Signature)  
 Documentary ID:  
 Document Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Document ID #: \_\_\_\_\_  
 Non-documentary ID: \_\_\_\_\_ Non-documentary ID verification followed:

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_ Starter kit number \_\_\_\_\_