Member Number _____ Doc Type: Signature Card

NEW MEMBER APPLICATION / AGREEMENT

ABCO Federal CU Credit Union
goabco.org • 800-225-1859

ACCOUNT TYPE:

OPEN AS:
☐ Personal ☐ Trust ☐ Minor
☐ Organization ☐ Club

CHECKING:
☐ Protection Plus
☐ Rewards ☐ Standard

CREDIT UNION USE
EFUNDS_____
MGR QC_____
ELIGIBILITY_____

MEMBER INFORMATION

NAME (First, Middle, Last)				SOCIAL SECURITY NO.
STREET ADDRESS				DATE OF BIRTH
CITY, STATE, ZIP				HOME PHONE
EMPLOYER	OCCUPATION			CELL PHONE
EMPLOYER'S ADDRESS				WORK PHONE
ID / DRIVER'S LICENSE NO.	ISSUE DATE	EXP. DATE	SOURCE	MOTHER'S MAIDEN NAME
EMAIL ADDRESS				

JOINT OWNER INFORMATION

FIRST NAME (First, Middle, Last)				RELATIONSHIP
STREET ADDRESS				SOCIAL SECURITY NO.
CITY, STATE ,ZIP				DATE OF BIRTH
EMPLOYER	OCCUPATION			HOME PHONE
EMPLOYER'S ADDRESS				CELL PHONE
ID / DRIVER'S LICENSE NO.	ISSUE DATE	EXP. DATE	SOURCE	WORK PHONE
EMAIL ADDRESS				MOTHER'S MAIDEN NAME

ACCOUNT DESIGNATIONS

☐ **PAYABLE ON DEATH (POD) / TRUST ACCOUNT** ☐ **ALL ACCOUNTS** ☐ **DESIGNATE SPECIFIC ACCOUNT(S):**

BENEFICIARY		BENEFICIARY	
RELATIONSHIP		RELATIONSHIP	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
SOCIAL SECURITY NO.	DATE OF BIRTH	SOCIAL SECURITY NO.	DATE OF BIRTH

AGREEMENT

I AGREE TO GRANT AUTHORITY TO THE CREDIT UNION TO PERFORM ALL NECESSARY CREDIT INVESTIGATIONS.

Signature: _____ **Date:**_____

Joint Signature: _____ **Date:**_____

OVERDRAFT PROTECTION:

Choose one of the following options to direct the Credit Union in processing withdrawals from your account which exceeds the balance available.

☐ DO NOT PAY OVERDRAFTS ☐ TRANSFER FROM SHARE SAVINGS ☐ TRANSFER FROM SHARE DRAFT
☐ TRANSFER FROM MONEY MARKET ($100 MINIMUM) ☐ TRANSFER FROM LINE-OF-CREDIT

I ACKNOWLEDGE that membership at ABCO Federal Credit Union comes with certain ongoing responsibilities. By signing this document, I and my joint owner(s), if any, agree to abide by the properly disclosed terms and conditions of all accounts or services that I/we may receive at ABCO. These terms and conditions will be disclosed in accordance with applicable state and federal laws, and are provided in the disclosure and agreement forms listed under the corresponding outlined areas. The survivorship designated on my primary savings account applies to all other join accounts with the same joint owner, unless specifically designated otherwise for a particular account.

UNDER PENALTIES OF PERJURY, I certify that the Social Security Number I have listed above is my correct number and that I am not, unless designated below, subject to backup withholding and that I am, unless, designated below, a U.S. citizen (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

MEMBER ☐ I AM SUBJECT TO BACKUP WITHHOLDING
☐ I AM EXEMPT FROM WITHHOLDING
☐ I AM NOT A CITIZEN OR RESIDENT (COMPLETE W-8 FORM.)
JOINT MEMBER ☐ I AM SUBJECT TO BACKUP WITHHOLDING
☐ I AM EXEMPT FROM WITHHOLDING
☐ I AM NOT A CITIZEN OR RESIDENT (COMPLETE W-8 FORM.)

SURVIVORSHIP SELECTION APPLIES TO SHARE SAVINGS AND SHARE DRAFT JOINT OWNERS (Please Check One)

☐ JOINT ACCOUNTS **WITH SURVIVORSHIP** (On the death of a party to the account, the Deceased party's ownership in the account passes to the surviving party or parties to the account.)

☐ JOINT ACCOUNT- **NO SURVIVORSHIP** (On the death of a party to the account, the deceased party's ownership in the account passes as a part of the party's estate.)

MEMBER SIGNATURE	**JOINT SIGNATURE**	**DATE**