



MEMBERSHIP APPLICATION

Acct. # \_\_\_\_\_
Acct. Type \_\_\_\_\_
Date \_\_\_\_\_
Branch \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Expected college graduation date (if applicable) \_\_\_\_\_

Table with 9 columns: SEFCU USE ONLY, ID Type Number, Issued, Expires, Member Group Code, Member Eligibility, SSN State, Operator, ChexSystems Results

- 1. Name, 2. Mailing Address, 3. E-mail Address, 4. Date of Birth, 5. Social Security Number, 6. Occupation, 7. Work Phone Number, 8. Home Phone Number, 9. Cell Phone Number, 10. Employment Status, 11. Employer, 12. Employment Duration, 13. Title, 14. Gross Income, 15. ID State, 16. Occupancy Status, 17. Occupancy Duration

18. I/we authorize SEFCU to establish or add the following accounts/services:

- Checking, Debit Card, Preferred Savings, Consumer Loan Application Completed\*\*, Cash Reserve\*, SEFCU Online, Owner's Choice, E-Mail Address, DIAL, Holiday Club

I/We hereby make application for membership in SEFCU, and agree to conform to the laws and amendments thereof and subscribe for at least one share.

This is a variable rate account. As such, the credit union reserves the right to change the rate at any time and at its sole discretion.

\*Upon approval your cash reserve is activated.

(application continued on back)

<b>SEFCU USE ONLY</b>	ID Type Number	Issued	Expires	Member Group Code	State	Year
	_____	_____	_____	_____	_____	_____

19. Joint Owner Name

20. Mother's Maiden Name

21. Mailing Address

22. E-mail Address

23. Date of Birth

24. Social Security Number

25. Occupation

26. Work Phone Number

27. Home Phone Number

28. Cell Phone Number

29. Employment Status

30. Employer

31. Employment Duration

32. Title

33. Gross Income

34. ID State

35. Occupancy Status

36. Occupancy Duration

**SEFCU is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. All sums paid in on shares in joint accounts are owned jointly, with the right of survivorship, and are subject to the withdrawal by, or receipt of, either party. Payment to either joint owner or a survivor shall be presumed valid and releases SEFCU from any liability for such payment, absent gross negligence by SEFCU. By signing you agree to be bound by the terms and conditions for this account as outlined in the Member Benefits Guide. Your signature also authorizes SEFCU to obtain a consumer credit report in connection with this process; and at your request, the Credit Union will supply the name and address of any credit bureau from which it will receive, or has received, a consumer report on you. Completion of this membership application is not to be considered as an application for credit.**

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

**Under penalties of perjury, I certify that: (1) the number shown on the form is my correct taxpayer identification number. And (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, (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.

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

37. Owner Signature

Joint Owner Signature

Membership Officer

38. Joint Owner Identification

Membership Officer Name: