

UNION SETTLEMENT FEDERAL CREDIT UNION

Membership Application

All information Provided Will Be kept **STRICTLY** Confidential **PLEASE PRINT CLEARLY**
Requirements to obtain membership with USFCU:

- **\$5.00 Annual Membership Fee (non refundable)**
- **\$10.00 Minimum Deposit**
- **Copy of picture ID**
- **Copy of SS card or ITIN**
- **Proof of Address**

Monthly fee of \$3.00 if minimum deposit of \$100.00 is not retained daily

ACCOUNT # _____

Account Information

Will there be a co-applicant on this application? _____ Yes _____ No

Primary Applicant

Last Name: _____ First Name: _____

Social Security Number (TIN) _____ - _____ - _____ Date of Birth: _____

Home Phone Number: _____

E-Mail Address: _____ **Other Phone Number:** _____

Driver's License # _____ Driver's License State: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Employer Name: _____ Work Phone Number: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Date Hire: _____

If you are not employed, your income derived from:

_____ SSI _____ SSA _____ P.A _____ PENSION _____ OTHER- DESCRIBE

Co- Applicant

Last Name: _____ First Name: _____

Social Security Number (TIN) _____ - _____ - _____ Date of Birth: _____

Home Phone Number: _____ Work Phone Number: _____

E-Mail Address: _____ Other Phone Number: _____

Driver's License # _____ Driver's License State: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Date Hire: _____

If you are not employed, your income derived from:

_____ SSI _____ SSA _____ P.A _____ PENSION _____ OTHER- DESCRIBE

Services you are interested In:

_____ Savings _____ Checking _____ ATM Card _____ Home Banking _____ E-z Statement

_____ Payroll Deduction _____ Direct Deposit _____ Loan _____ Credit Card

How did you hear about Union Settlement FCU? _____

Name of Individual or Organization who referred you: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If this your first account with a financial institution? _____ Yes _____ No

Authorization

By signing below, I/we agree to the terms and condition of the membership and account agreement, truth –in- saving disclosure, funds availability policy disclosure, if applicable, and to any amendment the credit union make from time to time which incorporated herein. I / We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card and EFT services is requested and provided, I/We agree to the terms of the acknowledge receipt of the Electronic Funds Transfers Agreement and Disclosure. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

I understand that membership in the credit union is subject to its Field of Membership and the Internal Membership Policy. I agree to be an active credit union member and abide by the credit union rules and regulations.

Signature: _____ Date: _____

Co Applicant Signature: _____ Date: _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/ Trust Account

Beneficiary/ POD Payee 1:

Street: _____

City/ State/ Zip: _____

Beneficiary/ POD Payee 2:

Street: _____

City/ State/ Zip: _____

UTMA/ UGMA (As Custodian for _____ (Minor) under the Uniform

Transfers/ Gifts to Minor Acts) Minor's SSN? TIN: _____

