

If you are within SFCU's Field of membership (see "How to Join" on <http://www.seafordfcu.com/membership.html>) and ready to join, you can print and complete the following Account Card. Bring it to the office along with \$5 for the membership fee and at least \$5 to open a share (savings) account. You may want to sign the Account Card in the office to avoid needing to have your signature notarized.

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 will also ask to see your driver's license or other identifying documents.

You will also need to complete our New Member Questionnaire for Personal Accounts.



24488 Sussex Hwy, Unit 1  
 Seaford, DE 19973  
 (302) 629-7852  
 800-346-7328  
 Fax (302) 629-9125

# ACCOUNT CARD

## ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

	Suffix*		Suffix*
<input type="checkbox"/> Share/Savings:	_____	<input type="checkbox"/> Money Market:	_____
<input type="checkbox"/> Share Draft/Checking:	_____	<input type="checkbox"/> HSA:	_____
<input type="checkbox"/> Share Certificate/Certificate:	_____	<input type="checkbox"/> Other:	_____

\*The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: \_\_\_\_\_

Member/Owner: \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Listed  Unlisted

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Membership Eligibility: \_\_\_\_\_ E-mail: \_\_\_\_\_

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

*Under penalties of perjury, I certify that:*

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued),*
- (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 a 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 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.

## AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreement and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfer 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.**

<b>X</b> _____ Signature	_____ Date	<b>X</b> _____ Signature	_____ Date
<b>X</b> _____ Signature	_____ Date	<b>X</b> _____ Signature	_____ Date

**LOANLINE**

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D1100(2)  
TO ORDER 1-800-356-501

**ACCOUNT SERVICES**

Payroll Deduction/Direct Deposit: \_\_\_\_\_  ATM Card: \_\_\_\_\_

Overdraft Protection (Indicate transfer priority.): \_\_\_\_\_  Debit Card: \_\_\_\_\_

\_\_\_\_\_  Audio Response: \_\_\_\_\_

PC Access/Internet Banking: \_\_\_\_\_  Other: \_\_\_\_\_

**ACCOUNT OWNERSHIP**

Designate the ownership of the accounts and responsibility for the services requested.

**Individual**                       **Joint Account with Rights of Survivorship**                       **Joint Account without Rights of Survivorship**

**Joint Owner:** \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Listed  Unlisted Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Joint Owner:** \_\_\_\_\_

Street: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Listed  Unlisted Password: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ACCOUNT DESIGNATIONS**

**Payable on Death (POD)/Trust Account**

Beneficiary/POD Payee: \_\_\_\_\_ Beneficiary/POD Payee: \_\_\_\_\_

Street: \_\_\_\_\_ Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**UTMA/UGMA** (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: \_\_\_\_\_

**Agency**  **Agent only for HSA**

Print Name of Agent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other:** \_\_\_\_\_  See Account Authorization Card

**FOR CREDIT UNION USE ONLY**     **See Account Change Card**     **See Insurance Beneficiary Card**

Date of Membership: \_\_\_\_\_ Opened /App'd by: \_\_\_\_\_ Member Verification: \_\_\_\_\_

Credit Report                       Check Verify                       PIN Request

Access Card                       Audio Response                       PC Access/Internet Banking

# Seaford Federal Credit Union

## New Member Questionnaire

### Personal Account

Please take a moment to answer the following questions. This will enable us to better meet your needs and our responsibilities under the Patriot Act and similar laws.

Why have you applied for an account at SFCU?	
How did you find out about us?	
Will this account be used strictly to conduct personal business? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, please explain.	
Will you be making any large cash deposits or withdrawals? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please briefly describe the nature and size of these transactions.	
Will you be making any international wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please briefly describe the reason.	

Thank you for response.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**For Internal Use:**

Member Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Teller Initials: \_\_\_\_\_ Copy To BSAA  Yes  No

BSAA Initials: \_\_\_\_\_ Notes: \_\_\_\_\_

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Thank you for response.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**For Internal Use:**

Member Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Teller Initials: \_\_\_\_\_ Copy To BSAA  Yes  No

BSAA Initials: \_\_\_\_\_ Notes: \_\_\_\_\_