



Membership Application

Thank you for choosing to be part of Members First Credit Union and allowing us to Make a Positive Difference in your life. Please fill out the information below and bring this application to any one of our locations. Be sure to bring your driver's license or state issued ID and Social Security Card, along with your opening deposit. A representative from New Account Services will assist you with your financial needs.

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 that 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 you driver's license or other identifying documents.

Primary Owner

Full Name _____ SSN _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ E-Mail _____

Dr. Lic/ID# _____ Mother's Maiden Name _____

Eligibility: Live Work Worship Attend School in _____ County

Relative of _____ Relationship _____

Joint Owner

Full Name _____ SSN _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ E-Mail _____

Dr. Lic/ID# _____ Mother's Maiden Name _____

Eligibility: Live Work Worship Attend School in _____ County

Relative of _____ Relationship _____

Joint Owner

Full Name _____ SSN _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ E-Mail _____

Dr. Lic/ID# _____ Mother's Maiden Name _____

Eligibility: Live Work Worship Attend School in _____ County

Relative of _____ Relationship _____

Beneficiary Designation

Full Name _____ Relationship _____ Date of Birth _____

Full Name _____ Relationship _____ Date of Birth _____

Additional Products and Services that you are interested in:

- | | |
|--|---|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Loans (consumer, real estate, VISA) |
| <input type="checkbox"/> ATM Card | <input type="checkbox"/> First@HOME Online Banking with free bill pay |
| <input type="checkbox"/> MasterMoney™ Debit/ATM Card | <input type="checkbox"/> Mobile Banking |
| <input type="checkbox"/> Overdraft Protection | <input type="checkbox"/> Investment Products |

Signatures

By signing below, I (We) agree to the terms and acknowledge receipt of the Membership and Account Agreement which includes disclosures on Terms and Conditions of the account, Electronic Funds Transfers, and Funds Availability. I (We) also agree to the terms and acknowledge receipt of the Truth-In-Savings Rate and Fee Schedule. The Credit Union is authorized to make whatever inquiries it deems necessary of others concerning the information contained in this application, and to provide information arising out of my (our) transactions with the Credit Union with consumer reporting agencies. Undersigned agrees that the Credit Union is authorized from time to time as it deems necessary to make inquiries pertaining to credit standing and financial responsibility.

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 withholdings 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 of dividends, or
 - (c) the IRS has notified me that I am no longer subject to backup withholdings, and
- (3) I am a U. S. person (including a U.S. resident alien).

Certification Instructions: You must 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.

Member Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Joint Signature: _____ Date : _____

MFCU Approval: _____ Verified: _____

Reminder - After filling out this information, bring your driver's license or state issued ID and Social Security Card, along with your opening deposit in to any of our locations.