



Application for Membership

Account Number

Please Print Using Black or Blue Ink Only

How are you eligible for Service 1st Credit Union Membership?

Reside or Work in Zip Code: _____
Relative (Please indicate Name and Relationship): _____
Employer _____

Primary Member Information *All information is required in order to open your savings account.*

Last Name _____ First _____ Middle _____
d/b/a (Doing Business As) if applicable _____
Date of Birth _____ Social Security No. _____
Mailing Address _____
City _____ State _____ Zip _____
Physical Address _____
City _____ State _____ Zip _____
Home Phone () _____ Cell Phone/Pager () _____ E-Mail Address _____
Mother's Maiden Name _____ Driver's License No./State _____
Employer _____ Position/Occupation _____
Employer Address _____ City _____ State _____ Zip _____
Work Phone () _____ Relative Not Living With You (Name and Relationship) _____
Relative's Address _____
City _____ State _____ Zip _____ Phone () _____

Joint Owner Information # 1

Joint Owner Information # 2

Last Name _____ First _____ Last Name _____ First _____
Middle _____ Date of Birth _____ Middle _____ Date of Birth _____
Social Security No. _____ Social Security No. _____
Driver's License No./State _____ Driver's License No./State _____
Mailing Address _____ Mailing Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone/Pager _____ Home Phone _____ Cell Phone/Pager _____

Please read and sign. Beneficiary information must be completed before application can be accepted by the Credit Union. Payable on Death

Subject to the conditions on all my Service 1st Credit Union accounts and should there be no surviving joint account holder, I designate the following as my beneficiary or beneficiaries under this account established by me, and I revoke all prior designations, if any made by me.

Instructions and Conditions:

- 1. Place the numbers 1, 2, 3, etc. in the space under the word "order" to designate the order in which payment is to be made to the beneficiaries. If you request to have more than one person share a payment, place the same number before their names. Payments will be made to any person having the lowest order number who survives you. Where several people who are then alive have the lowest order number before their names, these people shall receive equal payments. For instance, if you place the number "1" before the name of your spouse and number "2" before the names of each of your children, your spouse will be sole beneficiary if your spouse is alive. Otherwise, all of the named children who are then alive would get equal shares.
- 2. The Settler has the right to change this designation at any time by filing a new designation with the Credit Union.

Order

Name _____ Social Security No. _____
Address _____ City _____ ST _____ Zip _____
Name _____ Social Security No. _____
Address _____ City _____ ST _____ Zip _____
Name _____ Social Security No. _____
Address _____ City _____ ST _____ Zip _____

Signature of Settler (Primary Member)

Date

Signature of Third Party Witness

Date

Individual / Personal / d/b/a New Accounts _____ Amount of Opening Deposit: \$ _____

Source(s) of Opening Funds: (Please check all that apply.) ___ Check ___ Cash ___ Internal Transfer: (Account # _____)

What types of Deposits/Withdrawals will typically be made on your account? (Please check all that apply.)

___ Cash ___ Checks ___ Electronic ___ Wire Transfers (domestic or foreign) ___ Other

If "Other," please specify: _____

FACT ACT NOTICE: We may report information about your loan and/or deposit accounts to credit bureaus. Late payments, missed payments, or other defaults on your accounts may be reflected in your credit report.

All applicants must sign this application before it can be accepted.

Important Information Regarding Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all banks 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 may also ask to see your driver's license or other identifying documents.

(Instruction to signers: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee under reporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 below). If you are not a U.S. citizen or a U.S. resident alien you must complete the W-8BEN form (and you must strike out the language in clause 3 below).

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number, (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding and (3) that I am a U.S. citizen or a U.S. resident alien.

By signing this form, you authorize Service 1st Credit Union to obtain a consumer credit report on you and check your employment for purposes of offering our products and services to you as a member. Use of the account(s) and services shall constitute your agreement to the account terms and conditions in the agreement titled "Understanding Our Relationship."

Primary Member Signature _____ **Date** _____

1 Joint Owner Signature _____ Date _____

2 Joint Owner Signature _____ Date _____

A PRIVACY PLEDGE TO OUR CREDIT UNION MEMBERS

Important information about the personal data your credit union collects, and how we use it to provide products and services to you:

To assure the continued privacy and confidentiality of your personal financial information, your credit union observes these practices and procedures:

Information We Collect

We collect non-public information about you from some or all of the following sources:

- Information we receive from you on applications and other forms;
- Information about your transactions with us, our affiliates, or others; and,
- Information we receive from a consumer reporting agency.

Information We Disclose

We do not disclose any non-public personal information about our members and former members to affiliates or non-affiliated third parties except as permitted by law.

Our Security Measures

We restrict access to non-public information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with Federal regulations to guard your non-public personal information.

Credit Union members and the public may receive copies of this notice of privacy practices by contacting the credit union.

This notification meets the notification requirements of the National Credit Union Administration regulation on privacy of consumer information, Part 716.

In addition to opening a Share Savings Account, I would also like to receive more information on the following services:

- CHECKING ACCOUNT
- CERTIFICATE OF DEPOSIT
- ATM CARD (\$5 MONTHLY FEE)
- IRA (INDIVIDUAL RETIREMENT ACCOUNT)
- MONEY MARKET ACCOUNT
- DEBIT CARD
- CLUB ACCOUNTS
- LOAN APPLICATION

You will receive a Disclosure Booklet covering all of the above accounts after your Savings account is opened. By accepting all or some of the above accounts you agree to all of the terms and conditions associated with the account you use.

Service 1st Credit Union

www.service1stcu.org

Main Office: 8916 Sabal Industrial Blvd., Tampa, FL 33619
(813) 621-9631 Toll Free (800) 237-5567 Fax (813) 664-0525

Seffner Branch: 11752 Martin Luther King Jr. Blvd., Seffner, FL 33584
(813) 621-9631 Toll Free (800) 237-5567 Fax (813) 664-0525

Ocala Branch: 3233 S.E. Maricamp Road, Suite 605, Ocala, FL 34471
Toll Free (800) 237-5567 Fax (352) 624-1500

FOR OFFICE USE ONLY:

- Important Account Information
- Schedule of Fees
- OFAC Check
- Chexsystems
- Courtesy Pay Disclosure (for Share Draft members)

Account opened by MSR: _____ Date: _____