

MEMBERSHIP APPLICATION AND ACCOUNT AGREEMENT

I would like to apply for the following Credit Union services:

- ☒ Savings Account (SV) with ATM and 24 hour phone access (SELECT PIN BELOW)
- ☐ Christmas Club (CC)
- ☐ Vacation Club (VC)
- ☐ Checking Account (CK) with Visa Debit Card
- ☐ Select Money Market (SM) (minimum balance \$5,000)

Member Name		Social Security #	
Date of Birth		Driver's License # State	
Home Phone #		Cell Phone #	
Mailing Address:			
Physical Address:			
E-mail Address		Security Password	
Employer		Employer Phone Number	
I qualify for membership in the Credit Union through (Please select only one and complete the information):			
<input type="checkbox"/> My Employer: Employed By _____			
<input type="checkbox"/> My Relative/Household: Name _____ Relationship _____			
<input type="checkbox"/> My Community: City/County _____			
(Must Check One) <input type="checkbox"/> Work <input type="checkbox"/> Residence <input type="checkbox"/> Attend Church/School _____			
I learned about TruFiant from: <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Direct Mail <input type="checkbox"/> Coworker/Employer <input type="checkbox"/> Friend/Family <input type="checkbox"/> Other _____			
Joint Owner Name		Social Security #	
Date of Birth		Home Phone # Driver's License #	
Mailing Address:			
Employer		Employer Phone Number	
Second Joint Owner Name		Social Security # Date of Birth Driver's License #	

**ALLOW PROMOTIONAL CALLS AND MESSAGES:**  
By providing the telephone number(s) above, you consent to TruFiant Federal Credit Union, its agents, employees, or third parties contacting you at the telephone number(s) provided above, and any number(s) provided in the future, through calls and text messages, using automatic telephone dialing systems and/or artificial or pre-recorded voice to inform you about products and services which may benefit you. You are not required to consent as a condition of purchasing any property, goods or service (including a loan). You may withdraw your consent at any time by written notice to TruFiant Federal Credit Union, by phone call or by any other reasonable means, including opting by checking the adjacent box. ☐ I do not consent to contact

**IMPORTANT INFORMATION ABOUT IDENTIFICATION PROCEDURES**  
To help the government fight the funding of terrorism and money laundering activities, Federal law now requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: Credit Union personnel will ask for your name, address, date of birth, and/or other information that will allow us to identify you. We may also ask to see your driver's license and/or other identifying documents.

**Certification** 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 to me), 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 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). My signature below constitutes my certification to the information set out in (1), (2) and (3) above. **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 of underreporting interest or dividends on your tax return.

You hereby make application for membership in the TruFiant Federal Credit Union (herein "Credit Union") and agree to conform to its laws, charter, bylaws, and amendments and subscribe for at least one share. All account terms published by the Credit Union are incorporated herein by reference. You authorize the Credit Union to establish the account(s) and loan(s) (subject to approval) you have indicated on this application, and agree to the terms of those agreements. You certify that all information herein is true and complete. You authorize the Credit Union to verify or obtain further information concerning your credit standing. All joint owners agree that each is joint on all accounts requested herein unless indicated otherwise in the "Joint Owner(s) Initials" section below, and all joint accounts are joint with rights of survivorship (see Account Terms for details). You also consent to receiving all account terms published by the Credit Union by electronic means to the e-mail address provided above (you may also request a hard copy). Please sign below and attach a copy of your driver's license and \$5.00 to activate your membership.

COMPLETE THE SIGNATURE(S) BELOW TO ACTIVATE THE ACCOUNT.									
<input checked="" type="checkbox"/>	Member Signature	Date	JOINT OWNER(S) INITIALS						
<input checked="" type="checkbox"/>	Joint Owner Signature	Date	SV	CK	CC	VC	SM		
<input checked="" type="checkbox"/>	Second Joint Owner Signature	Date	SV	CK	CC	VC	SM		

Member # \_\_\_\_\_

Record Your Personal Identification Number (PIN) for 24 hour phone access and your Check/ATM Card



The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.