

Education First Credit Union MEMBERSHIP APPLICATION

I/We request a membership share savings account with the Education First Credit Union. I certify that I am eligible to become a member of the credit union through:

- Where I work (list business, city or county): _____
 Where I attend School: _____
 Where I live (list city, county or township): _____
 Other (list eligibility): _____

Request for Credit Union Membership: Type of Account: ___ Individual ___ Joint Account with Survivorship
Primary Member (please print):

Name:	Social Security #:	Mother's Maiden Name:
Address (including Apt #):	E-mail:	D.O.B:
City/ State/Zip:	Employer:	Password (Four Digits):
Daytime Phone:	Evening Phone:	Driver's License State / #/Exp Date:

Joint Owner (please print):

Name:	Social Security #:	Mother's Maiden Name:
Address (including Apt #):	E-mail:	D.O.B:
City/ State/Zip:	Employer:	Password (Four Digits):
Daytime Phone:	Evening Phone:	Driver's License State / #/Exp Date:

Additional Services Requested*: ___ Checking Account ___ ATM Card ___ Payroll Deduction ___ Direct Deposit *W.A.C.

Please read carefully before signing:

I/We, the undersigned, apply to the above credit union for membership and a share savings account in the credit union. I/We understand that the share savings account will be subject to the terms and conditions of the credit union. Account opening documents and proper disclosures will be mailed to me/us within 20 calendar days of my/our account being opened at the credit union.

Important information about procedures for opening a new account:

To help the government fight 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 you 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.

By signing below I/We am/are agreeing to the following:

1. I/We agree to conform to the terms and conditions and bylaws and any amendments thereof and that the credit union may change the terms and conditions from time to time. By signing below, you specifically authorize the above credit union to check your credit and employment history and make whatever inquiries necessary in the course of establishing the Account (or reviewing its use) and to verify your eligibility for any accounts or services you request now and in the future.
2. I/We understand that by signing this application I/We am/are stating all the information is true and correct. Copies of my pay stub may be required. I/We understand you may contact me for further information and that this application must be completed fully for the credit union to process my request. You may obtain information from others about me and may give credit information to others. I understand the disclosures also apply for future new accounts I may want.
3. I/We understand that should we owe money to the credit union we are applying to, at any time, for any reason except real estate loans secured by my/our residence, the Credit Union has a lien on any and all funds in any account that I/we are owner of at the credit union, unless otherwise prohibited by law.

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

Form W-9 Request for Taxpayer ID Number Certification and Backup Withholding Information:

Under penalties of perjury, I certify that:

1. The number shown above is my correct Taxpayer Identification Number (TIN),
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/dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a United States person (including a U.S. resident alien).

Certification Instructions: Cross out #2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest/dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Please attach a copy of your driver's license or other government issued ID to this form

*With Approved Credit