

MEMBERSHIP AND ACCOUNT APPLICATION

1. Accounts and Services	Accounts	Services
	<input type="checkbox"/> Savings \$ _____ (\$5 minimum) <input type="checkbox"/> Checking \$ _____ (\$25 minimum) <input type="checkbox"/> Advancial <input type="checkbox"/> Access <input type="checkbox"/> Award	<input type="checkbox"/> Check/ATM Card PIN _____ <input type="checkbox"/> Additional Check/ATM Card PIN _____ Name to appear on additional Check/ATM Card _____ <input type="checkbox"/> Online Banking/Audio Response PIN _____ <input type="checkbox"/> Check Clear® Courtesy Overdraft Privilege <input type="checkbox"/> Primary Source <input type="checkbox"/> Secondary Source

2. Member Information	Name (First, Middle, Last)		If DBA, Company or Association Name				
	Mailing Address		City	State	Zip		
	Employer's Name		Employer Address		City	State	Zip
	Home Phone ()		Work Phone ()		Email Address		
	Social Security Number		Driver's License Number/State		Date of Birth	Password	


3. Eligibility	I am eligible for membership in Advancial Federal Credit Union through SLEMCO.
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4. TIN Certification	Under penalties of perjury, by signing below, I certify that (1) the number shown on this application is my correct tax payer identification number and (2) that unless otherwise designated, 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 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. <input type="checkbox"/> I am subject to backup withholding
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5. Joint Owner Information <small>Designates ownership in all sub-accounts within this membership number except IRAs.</small>	Name (First, Middle, Last)		Home Phone ()		
	Mailing Address		City	State	Zip
	Social Security Number		Driver's License Number/State		Date of Birth

6. Transfer to Minor Account	Joint owners are not allowed on Uniform Transfer to Minor Account. The above named member is custodian for the minor indicated below under the Uniform Transfer to Minors Act.		
	Minor's Name (First, Middle, Last)	Social Security Number	Date of Birth

7. Payable on Death Designation	Beneficiary Name (First, Middle, Last)	Social Security Number	Date of Birth
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8. Signatures  <small>Please include a photocopy of a government issued I.D. (driver's license, passport, etc.)</small>	By signing, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement, 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 Account Agreement and Disclosures applicable to the account(s).		
	Member Signature		Date
	Joint Owner Signature		Date

Credit Union Use Only	Verifications: <input type="checkbox"/> Employer <input type="checkbox"/> Account <input type="checkbox"/> Checks Ordered <input type="checkbox"/> Check/ATM Card Ordered <input type="checkbox"/> Chex Systems		
	Opened by	Teller Number	Date