



SUMMIT FEDERAL CREDIT UNION

MEMBERSHIP APPLICATION

ACCOUNT NUMBER				

USA Patriot Act

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 customer 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 information, and we will keep a photograph of you on file.

What Type of Account Would You Like to Open?

- New Member Regular Share Savings
(This type is required when opening any accounts mentioned below.)
 Club Savings
 Youth Savings
 Secure-24, E-ssential, Statement, Gold Crown
OR Fresh Start Checking (Circle One)
 Silver Money Market Checking

Check All That Apply Below:

- I am a U.S. Citizen
 I am a Resident Alien
 I am a Non-Resident Alien

If you answered "I am a Non-Resident Alien", there is a separate document which must be completed with this application.

TELL US ABOUT YOURSELF

PLEASE PRINT IN INK

Establish New Account Change Account Data

Name _____

Home Address/City/State/Zip (If PO Box number, street address also required.) _____

SSN/TIN _____ Phone (____) _____

Date of Birth _____ Driver's Lic.# _____ Exp.Date _____ State _____

Present Employer (Name & Address) _____

Phone (____) _____

E-Mail Address: _____

I qualify for membership in this Credit Union because _____

OR I am related to the person named below who is eligible to join SFCU:

Their Name _____ Relationship _____

Their Signature _____

(Sponsoring Member (This neither indicates liability or ownership on this account.))

TELL US ABOUT YOUR JOINT ACCOUNT OWNER(S) (IF ANY)

Name _____

Home Address/City/State/Zip (If PO Box number, street address also required) _____

SSN/TIN _____ Phone _____

Date of Birth _____ Driver's Lic # _____ Exp. Date _____ State _____

Name _____

Home Address/City/State/Zip (If PO Box number, street address also required) _____

SSN/TIN _____ Phone _____

Date of Birth _____ Driver's Lic # _____ Exp. Date _____ State _____

First Joint Owner:

Check All That Apply Below:

- I am a U.S. Citizen
 I am a Resident Alien
 I am a Non-Resident Alien

If you answered "I am a Non-Resident Alien," there is a separate document which must be completed with this application.

Second Joint Owner:

Check All That Apply Below:

- I am a U.S. Citizen
 I am a Resident Alien
 I am a Non-Resident Alien

If you answered "I am a Non-Resident Alien," there is a separate document which must be completed with this application.

PAYABLE ON DEATH-DESIGNATION OF BENEFICIARY

Your account will be paid to any joint account holder who survives you. If there is no surviving joint account holder, it will be paid according to instructions in your will or probate estate. OR if you have not named a joint owner, you may choose to have your account paid upon your death to the following person or persons _____

Backup Withholding Certification - Check box (A) only if true or (B) below:

(A) By signing here, I (Name) X _____

CERTIFY UNDER PENALTY OF PERJURY THAT, (1) THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER (TIN) (OR THAT I AM WAITING FOR A NUMBER TO BE ISSUED TO ME); (2) I AM NOT SUBJECT TO BACKUP WITHHOLDING BECAUSE (a) I AM EXEMPT, OR (b) I HAVE NOT BEEN NOTIFIED BY THE IRS THAT I AM SUBJECT TO BACKUP WITHHOLDING AS A RESULT OF 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).

(B) A SEPARATE W-9 HAS BEEN COMPLETED (OR W-8 IN THE CASE OF A NON-RESIDENT ALIEN).

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

THE THINGS THAT YOU AGREE TO WITH YOUR ACCOUNTS

You agree not to pledge your accounts as collateral with any other creditor. Any owner or joint owner may direct payments or obtain withdrawals without further consent of the other co-owners. Withdrawals will be subject to the methods we approve and any time restrictions that applicable law may provide. You must maintain any minimum balances applicable to the type of account in which your money is held. You agree to be bound by all terms, conditions, requirements and fees/service charges that the Credit Union may establish—we will notify you with appropriate schedules of terms and fees. You will send us written notice if you wish to cancel any account or applicable agreement with the Credit Union, but no cancellation will affect any transactions previously made or currently in process. We do not have to pay checks more than six months old. We do not have to pay a check which exceeds the balance in your checking account, but we may do so, and you agree that you will pay the applicable service charge plus the overdraft amount. Deposits of any items other than cash may be subject to holds before the funds are available for withdrawal. There may be limits on the amount of cash you may withdraw; we may require you to accept an official check for large withdrawals. You will review your statement and make any objections within 20 days of the date it is postmarked OR is available online for your review, and you waive any objections after that time. If you or any co-owner owes the Credit Union and has not made agreed payments, we may charge that amount (also known as a setoff) against any other account on which the obligated person's name appears as an owner or co-owner.

Special rules for Social Security Deposits and other exempt deposits. Social Security benefits are protected from assignment, judicial levy, and setoff unless and except to the extent that you knowingly consent to allow charges against the deposits. If you have Social Security or other government deposits in your SFCU accounts that could be claimed as exempt, you are agreeing to allow us: to pay checks or honor other payment instructions; to charge any fees you owe against your account balance; to setoff any other payments or indebtedness that you owe. This authorization for charges against your accounts is limited to the dealings between you (including joint owners) and SFCU. I also acknowledge that I have received and agree to be bound by the terms and conditions on this application as well as the separate account disclosures listed and checked below:

- Funds Availability Truth-In-Savings Electronic Funds Transfer Privacy
- Other _____

Consent to Electronic Disclosures: If I use, apply for or access any electronic services of the Credit Union, I agree to receive disclosures electronically, and have the ability to do so, as described in "Terms and Consent Applicable to Electronic Signatures" of the Membership Agreement.

(1) X _____ Date _____
Member Signature

(2) X _____ Relationship to Member _____ Date _____
Signature

(3) X _____ Relationship to Member _____ Date _____
Signature

FOR CREDIT UNION USE ONLY

Member/Owner Identification Verified Via:

- 1. DL # _____ State _____ Other _____
- 2. DL # _____ State _____ Other _____
- 3. DL # _____ State _____ Other _____

OPEN BY/DATE	DISC BY	APPROVED	GROUP #	ID ISSUED BY/DATE
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