

# NEW Member Application



<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 7	For us to use
SEG # _____	Member # _____	
MSR Name _____	MSR Code _____	
Reviewed by _____	Ref. # _____	

Start Here

## Welcome to Financial Resources! Let's start your membership ...

Check one: I am  employed by  retired from  an associate/member of Decisive Benefit Solutions (50159)

**OR**  I am related to someone who is a current Member of Financial Resources Federal Credit Union.  
 Name of relative \_\_\_\_\_ Phone # of relative \_\_\_\_\_

**OR**  I live, work, go to school or worship in a community served by the Credit Union. Affiliation: \_\_\_\_\_

Your Information

<b>Your basic information:</b> <input type="checkbox"/> 18 years old or under Name: _____ Address: _____ City: _____ State: _____ Zip: _____ SSN: _____ Date of Birth: _____ Phone Number: (at least one must be provided) _____ Home: _____ Work/Other: _____ e-mail: _____ Mother's Maiden Name: _____ A question only you'll know the answer to: _____ The Answer: _____ Gov't Issued ID #: _____ Exp. date: _____	<b>Co-owner's information:</b> <input type="checkbox"/> 18 years old or under Name: _____ Address: _____ City: _____ State: _____ Zip: _____ SSN: _____ Date of Birth: _____ Phone Number: (at least one must be provided) _____ Home: _____ Work/Other: _____ e-mail: _____ Mother's Maiden Name: _____ A question only you'll know the answer to: _____ The Answer: _____ Gov't Issued ID #: _____ Exp. date: _____
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Basic Membership

**Your Basic Membership Includes:**

<input checked="" type="checkbox"/> Membership Savings	<input type="checkbox"/> Just me	<input type="checkbox"/> With co-owner	<input type="checkbox"/> Custodial	Open with \$ _____ Acct # _____
<input checked="" type="checkbox"/> FREE Checking	<input type="checkbox"/> Just me	<input type="checkbox"/> With co-owner	<input type="checkbox"/> Custodial	Open with \$ _____ Acct # _____
<input checked="" type="checkbox"/> FREE Debit Card	<input type="checkbox"/> Just me	<input type="checkbox"/> With co-owner (Checking must be opened. Pick your PIN (personal ID number) separately below.)		
<input checked="" type="checkbox"/> FREE Online WebBranch				
<input checked="" type="checkbox"/> FREE AccountLine24				
<input type="checkbox"/> Bill Payer from Checking	Checking # _____			
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Just me	<input type="checkbox"/> With co-owner	<input type="checkbox"/> Custodial	Open with \$ _____ Acct # _____

We'll fill this in.

Signatures

**Taxpayer Identification Number (TIN) Certification and Backup Withholding Information:** By signing below, I certify under penalty of perjury that the Social Security number (SSN) or Taxpayer Identification Number (TIN) shown above is my correct identification number and that I am not, unless noted below, subject to backup withholding nor have I been notified that I am subject to backup withholding, OR the IRS has notified me that I am no longer subject to backup withholding.  I am subject to backup withholding. **THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

Please read the information on the back and sign below indicating that you have read and acknowledge the "Membership Eligibility" and "Authorization and Agreement."

\_\_\_\_\_  
 Primary Owner's Signature Date Joint Owner's Signature Date

For us to use

Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_ O/S: \_\_\_\_\_

Primary Card # \_\_\_\_\_ Joint Card # \_\_\_\_\_

Original Signature: Imaging Copy: Branch Copy: Member

10091 REV (DBS 0109)

**Membership Eligibility:** To be eligible for membership, you must be an individual or entity as set forth in the Credit Union's field of membership and must purchase and maintain at least one share (the "membership share") as required by the Credit Union's bylaws. You authorize us to check your account, credit, and employment history and obtain a credit report from third parties, including credit reporting agencies, to verify your eligibility for the accounts and service you request. Federal law (USA Patriot Act Sec. 3226) requires that all financial institutions obtain, verify and record information that identifies each person who opens an account. Therefore, when you open an account, we will ask for your name, address, date of birth and other information that will enable us to identify you. We may also ask to see your government issued identification or other identifying documents.

**Authorization and Agreement:** By signing the "New Member Application," I/we acknowledge receipt of Truth-in-Savings, Electronic Funds Transfer, Funds Availability, Terms and Conditions Disclosure, Privacy Notice, and agree to those terms and conditions as listed and as amended by the Credit Union from time to time. If I/we select Bill Payer Service, I/we also agree to be bound by the terms and conditions of the Bill Payer Service. If I/we authorize changes, I/we understand and agree that, except as indicated on the "New Member Application," the information, terms and conditions set forth in the "New Member Application" will remain in effect. I/we also understand that all account disclosures are incorporated by this reference. These disclosures were distributed at the time of opening my/our Membership Savings account or upon request.