

NAME: _____ MB# _____

THE FLORIST FEDERAL CREDIT UNION
PO Box 2202 • Roswell, NM 88202
575-622-0560 voice 575-627-6530 fax

ACCOUNT CARD

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

- Share /Savings _____ Money Market: _____
- Share /Savings _____ Other: _____
- Share Certificate / CODs _____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the MEMBER APPLICATION AND OWNERSHIP INFORMATION section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

PRIMARY MEMBER: _____ Mother's Maiden Name _____

Address: _____

Home Phone: _____ Work Ph: _____ Cell Ph: _____

Date of Birth: _____ Social Security Number: _____

Membership Eligibility: _____ Employer: _____

Email: _____ Driver's Lic # _____ ST: _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number (Social Security Number), 2) I am not subject to backup withholding because I am exempt from backup withholding or 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 the IRS has notified me that I am no longer subject to backup withholdings, and 3) I am a SU Person (including a SU resident alien)

OR if I mark this box, I am subject to backup withholdings.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures, Funds Availability Policy Disclosures, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the Electronic Funds Transfer Agreement and Disclosures. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

X _____
Signature date

X _____
Signature date

X _____
Signature date

X _____
Signature date

Credit Union Notes: _____

ACCOUNT SERVICES

- Payroll Deduction / Direct Deposit
ATM Card
Overdraft Protection
from Savings
from overdraft loan
Debit Card
Internet Banking and / or Bill Pay Services

ACCOUNT OWNERSHIP

- Individual
Joint Account with Rights of Survivorship
Joint without Rights of Survivorship

IF JOINT:

JOINT MEMBER: Mother's Maiden Name
Address:
Home Phone: Work Ph: Cell Ph:
Date of Birth: Social Security Number:
Membership Eligibility: Employer:
Email: Driver's Lic # ST:

JOINT MEMBER:: Mother's Maiden Name
Address:
Home Phone: Work Ph: Cell Ph:
Date of Birth: Social Security Number:
Membership Eligibility: Employer:
Email: Driver's Lic # ST:

ACCOUNT DESIGNATIONS

- Payable on Death (POD) / Trust Account
Beneficiary/POD Payee:
Address:
Beneficiary/POD Payee:
Address:
UTMA/UGMA (as custodian for) (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's SSN
Agency Agent only for HSA Print Agent Name:
Signature of Agent: date:
Other :