



MEMBERSHIP APPLICATION

DATE
ACCOUNT NUMBER

ACCOUNT TYPES

- VALUE^ (NON-CHECKING) ULTIMATE CHECKING URTUNES CHECKING FREE CHECKING† 50PLUS CHECKING

Important Information About 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 indicates each person who opens an account. What this means to 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 documents. We will contact check systems to verify past information. Your new account may be subject to a ten day hold or longer on any transactions.

PRIMARY ACCOUNT HOLDER INFORMATION *Please Print or Type (Use Black Ink)*

*Indicates REQUIRED FIELD.

Primary's Last Name* _____ First* _____ Middle _____
 DOB* _____ Driver's License #* _____ SS #* _____
 Physical Address* _____ City _____ State* _____ Zip* _____
 Mailing Address* _____ City _____ State* _____ Zip* _____
 Home Phone* () _____ Work Phone* () _____ Ext. _____ Cell Phone* () _____
 Email Address* _____ Best way to contact: Home Phone Cell Phone Work Email
 Opt Out from receiving any information by email (please check box) Mother's Maiden Name* _____
 County* _____ Own Rent Rent Payment (if applicable) _____
 Employer* _____ Occupation* _____ Time on Job* _____

JOINT ACCOUNT HOLDER INFORMATION *Signature Required*

Joint Owner 1 Name _____ DOB _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ SS# _____ Driver's License # _____
 Work Phone () _____ Ext. _____ Employer _____

Joint Owner 2 Name _____ DOB _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ SS# _____ Driver's License # _____
 Work Phone () _____ Ext. _____ Employer _____

PAYABLE UPON DEATH

Name (Principal(s) Beneficiary) _____ Relationship _____ Address _____
 SS # _____ DOB _____ Driver's License # _____
 Name (Contingent(s) Beneficiary) _____ Relationship _____ Address _____
 SS # _____ DOB _____ Driver's License # _____

DISCLOSURE/SIGNATURES *Signature Required*

By signing here I authorize floridacentral Credit Union to obtain information from consumer reporting agencies including the verification of the information on this request. Copies of my pay stub may be required. I understand that you may contact me for further information, and that this application must be completed fully for floridacentral Credit Union to process my request. You may obtain information about me and give credit information to others. A negative credit history may disqualify me from some services. I understand that all accounts established under this master application and all funds advanced to me will be subject to the terms and conditions of the credit union's disclosure and fee schedule, credit card, share draft, ATM and MasterMoney Debit Card agreements.
 I/We certify under penalties of perjury that the Taxpayers ID/Social Security Number give to the credit union on the application is correct. I/We have never received a notice from the Internal Revenue Service of under-reporting of dividends or interest. I/We am/are not currently obligated to have dividends or interest withheld. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. By signing, I hereby make the application for membership and agree I have received a New Account Disclosure and will conform to the bylaws and any amendment thereof in floridacentral Credit Union. If opening your account through the mail or SEG group, a New Account Disclosure will be mailed to you. Please contact us if for any reason you do not receive this important disclosure. I also agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time.

CHEX SYSTEMS

Primary _____ Date _____
 Joint Owner 1 _____ Date _____
 Joint Owner 2 _____ Date _____

^All members are required to open and maintain a share "Value" account with \$5.00 minimum balance. †No monthly fee with direct deposit or \$500 in deposit and/or loan balances. A \$15 fee will be charged if the share account is closed within 90 days

CREDIT UNION USE

PLEASE PRINT INITIALS: Opened By _____ Verified By _____ Branch # _____ Approved By _____ SEG _____

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 813.879.3333 • 1.800.528.3330 • www.floridacentralcu.com

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