School Employee Membership Application

Please print your personal information.

First Name | **Last Name** | **MI**

Social Security #/Tax ID | **Date of Birth (MM DD YYYY)** | **Mother's Maiden (Last) Name** | **Gender** M ☐ F ☐

Home Address (No PO Boxes) | **City** | **State** | **ZIP**

Mailing Address (If Different) | **City** | **State** | **ZIP**

Employer | **Occupation** | ☐ **Classified** ☐ **Certificated**

Driver's License # | **ID State** | **ID Issue Date (MM DD YYYY)** | **ID Expiration Date (MM DD YYYY)** | **Mobile Phone (123 456 7890)**

Email (Personal)

Please print your account beneficiary information. (Optional)

Payable on Death (POD)/Trust Account: In the event of my death, I designate the following beneficiary to receive all sums in this, my account (with the exception of IRA accounts, which have a separate designation of beneficiaries), provided this designation has not been superseded by a subsequent designation or change in account ownership, such as adding a joint owner.

Beneficiary First Name | **Beneficiary Last Name** | **MI** | **Date of Birth (MM DD YYYY)**

Select the products you would like to get your Membership started.

Accounts

☑ **Savings** ☐ **Free Checking** ☐ **Summer Saver**

Card Options

☐ **ATM Only** ☐ **Debit Mastercard® (Checking Required)**

Other Services

☐ **$300 Overdraft Protection Loan**
See important information about the Overdraft Protection Loan below.

☐ **Debit Card Overdraft Protection (Checking Required)**
By opting in, you acknowledge that you've read and agree to the terms and conditions of the Debit Card Overdraft Protection Disclosure. _____ **Initials**

SMS Communication Preferences.

By opting in to SMS communication, you agree to receive recurring promotional and personalized marketing via text message from SchoolsFirst Federal Credit Union to the number provided on this application. Consent is not required to join SchoolsFirst FCU. You can reply STOP to opt-out at any time. Standard data and messaging rates apply. SchoolsFirst FCU does not sell or share your information. _____ **Initials**

Please read this important information about your account.

Membership Disclosure: I, the account holder, certify that I am eligible and hereby apply for Membership to SchoolsFirst FCU. The SchoolsFirst FCU Disclosures & Agreement of Terms and Conditions have been provided to me. I agree to be bound by its terms and by the Credit Union bylaws, or any amendments thereof. In addition to my signature below, my use of the account will confirm my agreement. I agree that all the information given to SchoolsFirst FCU is true and correct. I authorize the Credit Union to obtain consumer reports in connection with this account and with any future credit opportunities.

Checking Account: Requires $25 minimum opening deposit; waived for school employees or when automatic payroll deposit is set up.

Debit Mastercard Authorization (If Applicable): I authorize the Credit Union to issue a SchoolsFirst FCU Debit Mastercard for this account. In addition to my signature below, my use of the card will confirm my agreement to be bound by the terms and conditions of the Debit Mastercard Disclosure provided to me.

Overdraft Protection Loan (If Applicable): By taking an advance from my Overdraft Protection Loan, I agree to be bound by the terms and conditions of the Overdraft Protection Disclosure & Security Agreement provided to me. Transaction/Advance Fee: $0. Late Payment Fee: 5% of the payment due, but not less than $10. Assessed when a payment is more than 15 days past due. Rates and programs subject to change.

Please read this important information about opening a new account.

Under the USA Patriot Act, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account. Therefore, when you open an account at SchoolsFirst FCU, we will ask for your name, address, date of birth, and other identifying information. We may also ask to see your driver's license or other form of identification.

Certification: Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number, and 2. I am not subject to backup withholding due to failure to report all interest and dividends, and 3. I am a U.S. person, and 4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to failure to report interest and dividend income. Cross out item 3 above and complete a W-8 BEN if you are not a U.S. person. Cross out item 4 above and complete a W-9 if you are subject to FATCA.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Signature _____ **Date** ____/____/____

SCHOOLSFIRST FEDERAL CREDIT UNION

Insured by NCUA.