



EBSCO FEDERAL CREDIT UNION

MEMBERSHIP APPLICATION

Account Type Requested: (please check the accounts you wish to open)

- Savings
- Checking
- Certificate of Deposit
- IRA
- Second Savings Club
- Christmas Club**

** Christmas Club will pay in mid October. How would you like to receive this payment?

- Transfer to my Savings
- Transfer to my Checking
- Check
- Do not disburse mid October

Account Ownership: Single Party Joint Tenants with Rights of Survivorship
 Add Joint applicant (please complete information on back of form)

Membership Information:

Social Security #: _____ Date of Birth: _____

Name: _____

Full Physical Address (no P O Boxes) _____

Full Mailing Address _____

City _____ State _____ Zip _____

Phone: (Home) _____ (Work) _____

Drivers License #: _____ Issuing State: _____
(must include copy of Drivers License)

E-mail address: _____

Pay Frequency: Weekly/Bi-weekly/Monthly Employment date: _____
(Please Mark one)

Work Location/Name/PC #: _____

(Please Complete Other Side)

Joint Owner Information:

Social Security #: _____ Date of Birth: _____

Name: _____

Full Residential Address (no P O Boxes) _____

City _____ State _____ Zip _____

Phone: (Home) _____ (Work) _____

Drivers License #: _____ Issuing State: _____
(Must include copy of Drivers License)

E-mail address: _____

Relationship to Primary Account Holder: _____

You must include a \$15.00 deposit to open your account

By signing below, you hereby apply for membership in EBSCO Federal Credit Union and agree to conform to its bylaws and any amendments thereto. You authorize the Credit Union to verify employment and credit history by any available source including the use of a credit report. You certify that you are eligible for membership in this Credit Union and that all the information on this application is true and correct. Upon completion of the account setup you will receive an Account Information Agreement. These disclosures and can also be viewed online @ <http://www.ebscocreditunion.com/Documents/terms.pdf>.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Your savings federally insured to at least \$250,000
And backed by the full faith and credit of the United States Government

NCUA

National Credit Union Administration, a U.S. Government Agency