



Service Credit Union MEMBERSHIP APPLICATION

ACCOUNT TYPE

<input type="checkbox"/> Share Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Holiday Club
<input type="checkbox"/> Five Star Service Checking	<input type="checkbox"/> Visa® Debit Card	<input type="checkbox"/> Smart Savers
<input type="checkbox"/> Classic Service Checking	<input type="checkbox"/> Call 24	<input type="checkbox"/> S.T.O.P.
<input type="checkbox"/> Basic Service Checking	<input type="checkbox"/> Opt-in to Courtesy Pay	<input type="checkbox"/> Other _____
<input type="checkbox"/> Student Checking	<input type="checkbox"/> Online Banking	_____
<input type="checkbox"/> ATM Card	<input type="checkbox"/> Ecommunications	

Account Owner _____

US Citizen
 Resident Alien
 Non-Resident Alien

Current Residence Address _____
 Street No. Street Name City State Zip Code

Current Mailing Address _____
 Street No. / P.O. Box Street Name City State Zip Code

Permanent Mailing Address _____
 Street No. Street Name City State Zip Code

Cell Phone _____ Work Phone _____ Home Phone _____

E-mail Address _____ Mothers Maiden Name _____
Required For Online Banking And Bill Pay

Employer's Name and Address _____

Joint Owner _____

US Citizen
 Resident Alien
 Non-Resident Alien

Current Residence Address _____
 Street No. Street Name City State Zip Code

Employer Name and Address _____
 Street No. Street Name City State Zip Code

Joint Owner _____

US Citizen
 Resident Alien
 Non-Resident Alien

Current Residence Address _____
 Street No. Street Name City State Zip Code

Employer Name and Address _____
 Street No. Street Name City State Zip Code

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FEDERALLY INSURED BY NCUA | * Visa is a registered trademark of the Visa International Service Association.

By signing below I hereby make Application for Membership with Service Credit Union and agree to conform to its laws and amendments thereof and subscribe for at least one share **by depositing and maintaining \$5 in my primary share account. I understand that a pledge of \$5 will be placed on my primary share account.** I acknowledge receipt of the Credit Union Account Agreement and Disclosure Statement, Rate Schedule and Fees and Transaction Limitations Schedule.

If employed by the Department of Defense, I hereby authorize the Department of Defense and its various departments and commands to verify the information listed above and my social security number or other identifier and disclose my current address to authorized SERVICE CREDIT UNION officials so they may contact me in connection with my financial business relationship with Service Credit Union. All information will be used solely in connection with my financial business relationship with SERVICE CREDIT UNION.

INSTRUCTIONS TO SIGNER: If you have been notified by the Internal Revenue Service that you are subject to backup withholding due to Payee under reporting, and you have not received notice from the IRS that backup withholding has terminated, you must strike out the language in CLAUSE 2 of the Certification below.

CERTIFICATION AS TO THE TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including U.S. resident alien). **DOES NOT APPLY TO NON-RESIDENT ALIENS. Please refer to the Account Agreement and Disclosure for the Joint Account Agreement.**

Each signer also agrees that the Credit Union may obtain any credit reference necessary including, but not limited to, EFunds, at any time while an account holder.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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 identifies each person who opens an account. What this means for 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 drivers license or other identifying documents. Membership is intended to provide credit union services to all who are eligible. Branch Office service in Germany may be unavailable to some DoD retirees and their families based on the NATO Status of Forces Agreement with Germany and/or other Field of Membership restrictions.

Primary Member _____	DOB _____	SSN _____	
Documentary ID _____	Signature		
Document Type: _____	Issue Date: _____	Expiration Date: _____	Document ID# _____
Non-Documentary ID: _____	Non-Documentary ID verification followed: <input type="checkbox"/>		Member Present: <input type="checkbox"/> Yes <input type="checkbox"/> No

Joint Member _____	DOB _____	SSN _____	
Documentary ID _____	Signature		
Document Type: _____	Issue Date: _____	Expiration Date: _____	Document ID# _____
Non-Documentary ID: _____	Non-Documentary ID verification followed: <input type="checkbox"/>		Member Present: <input type="checkbox"/> Yes <input type="checkbox"/> No

Joint Member _____	DOB _____	SSN _____	
Documentary ID _____	Signature		
Document Type: _____	Issue Date: _____	Expiration Date: _____	Document ID# _____
Non-Documentary ID: _____	Non-Documentary ID verification followed: <input type="checkbox"/>		Member Present: <input type="checkbox"/> Yes <input type="checkbox"/> No

Employee's Signature: _____ Date: _____ Starter Kit Number: _____

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