



Membership and Services Application

6640 BAY RD. • P.O. BOX 3285 • SAGINAW, MI 48605
www.comfamcu.org

New Account Replacement

Member Account Number	Member Name
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QUESTIONS?
CALL (989) 249-8200 OR (800) 227-2328

I am applying for the following services:

- Credit Union Membership (Share Savings Account)/
24 Hour Telephone/Internet Account Access
Please include \$5.00 min. deposit to open new account
- Checking Account
- Checking Account Overdraft Line of Credit.
(Member to receive Line of Credit, Loan Agreement and Truth-in-Lending Disclosure.)
- ATM/Check Card (Restrictions may apply)
- ATM Card (Restrictions may apply)

Member Name		Soc Sec #
Street Address (required)		Years at Address
Mailing Address		Mother's Maiden Name
City, State, Zip		e-mail address
Driver's License No.	Birth Date	
Employer/Association	Start Date	
Home Phone	Business Phone	

Upon the death of the last surviving owner of the account, the balance in this account shall be paid to the beneficiary or beneficiaries whose name(s), birth date(s) and social security number(s) appear below who are living at the death of the last surviving owner in equal shares or to the legal representative of the beneficiary or beneficiaries living at the death of the last surviving owner. **By signing below I/we agree to the named beneficiaries.**

Beneficiary Designation (Optional)		
Beneficiary	Soc Sec #	Birth Date
Beneficiary	Soc Sec #	Birth Date

Joint Owner Information		
Print Joint Owner's Name		Soc Sec #
Address		Years
City, State, Zip		Mother's Maiden Name
Driver's License No.	Birth Date	
Employer/Association	Start Date	
Home Phone	Business Phone	

I HAVE READ AND AGREE TO THE TERMS OF THIS CREDIT UNION MEMBERSHIP APPLICATION. (On Back) ORIGINAL SIGNATURES OF MEMBER & JOINT OWNERS

Member	Date
X	
Joint Owner #1	Date
X	
Joint Owner #2	Date
X	

Additional Joint Owner Information		
Print Joint Owner's Name		Soc Sec #
Address		Years
City, State, Zip		Mother's Maiden Name
Driver's License No.	Birth Date	
Employer/Association	Start Date	
Home Phone	Business Phone	

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION	
Instructions: Cross out item 2 below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.	
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 a 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 a U.S. resident alien).	
Signature of Soc Sec # Holder	Date _____
X	
It is the policy of this Credit Union to refuse membership if the applicant fails to provide the Credit Union with his or her correct taxpayer identification number.	

OVER

Your initial supply of 150 checks is FREE!

Please print my checks as follows:

Member Name _____
Joint Name (Optional) _____
Street Address _____
City, State, Zip _____
D. L. Number (Optional) _____
Phone Number (Optional) _____

- Open account with transfer from Share Savings Account \$ _____
- Access Checking Account Line of Credit via ATM/POS terminals

Family Membership Certification

If you are eligible for membership in the credit union as a relative of a current member, he or she must sign the following statement:

I certify that the applicant is my _____
(relationship) and I recommend him or her for membership in
Communications Family Credit Union.

Current Member Signature **X** _____

Print Current Member Name _____

I/We hereby submit this application for membership to Communications Family Credit Union, request that the Credit Union open share/deposit account(s) in the name(s) listed above, and agree and certify as follows:

1. I/We shall abide by the bylaws, rules and regulations of the Credit Union, and to any future amendments to them. This membership and the account(s) are subject to the above and the Account Agreement(s) including checking account and joint ownership language and other terms and conditions as the Credit Union may establish from time to time. The Credit Union may change any such rules, terms and conditions upon giving written notice.
2. The Credit Union has no responsibility for the distribution or use of funds withdrawn by an authorized person.
3. Each member and joint owner hereunder hereby jointly and severally (if more than one) hold the Credit Union and each of its officers, directors, employees and agents harmless and indemnify them against any claims, judgements, settlement amounts, or other liabilities or costs of defense or settlement (include attorneys' fees) arising out of or related to any alleged or actual improper or unsuitable actions taken at the member's or joint owners' instructions in connection with the account. This indemnification is made by the undersigned and the joint owners who have signed above and shall not be limited by any other independent documentation.
4. The representations and obligations stated herein shall survive termination of this membership.
5. The Credit Union is authorized to supply any endorsement for the undersigned and the joint owners who have signed above on any check or other instrument tendered for this account and the Credit Union shall have no liability in connection with the collection of such items that are handled by it without negligence, and the Credit Union shall not be held liable for the acts of any agents, subagents or others, or for any casualty. Withdrawals may not be made on account of such items until collected (or as provided by law), and any amount not collected may be charged back to the account, including expense incurred, and any other outside expenses incurred relative to this account may be charged to it.

6. I/We agree that the Credit Union may accept and rely on facsimiles of my/our signature(s) on any deposit or withdrawal form, loan documents, order or other notices, requests or instructions regarding any account with the Credit Union. The Credit Union shall not be responsible for any loss incurred as a result of its acting upon or executing any requests, order or instruction that the Credit Union believes to be genuine. The Credit Union may refuse to execute any facsimile request or order.

7. I/We authorize the Credit Union to investigate my/our credit standing when opening and/or reviewing the account.

8. The undersigned and the joint owners who have signed above acknowledge that they (or one of them) have received the Truth-in-Savings Disclosures and Account Agreement from the Credit Union for their reference and retention.

FOR CREDIT UNION USE ONLY

- Chex Systems Acquire
- State SSN Issued: _____ yr. _____ OFAC: Low Moderate High
- No Records _____
- Record: _____

Date Received _____

ATM Card

Approved Dep WDL Denied Date ____/____/____

Checking Account

Approved Denied Date ____/____/____

ATM/Check Card

Approved Denied Date ____/____/____

Limit \$ _____ Card # _____ Card # _____

Limit \$ _____ Card # _____ Card # _____

Approved/Denied: **X** _____

X _____

X _____

Date Received _____

ATM Card

Approved Dep WDL Denied Date ____/____/____

Checking Account

Approved Denied Date ____/____/____

ATM/Check Card

Approved Denied Date ____/____/____

Limit \$ _____ Card # _____ Card # _____

Limit \$ _____ Card # _____ Card # _____

Approved/Denied: **X** _____

X _____

X _____

Application for membership approval:

Membership Officer **X** _____

Date _____

Replaces card dated: ____/____/____

Replaced by card dated: ____/____/____