



STERLING & FORT MORGAN FEDERAL

MEMBERSHIP APPLICATION

Member Number: _____

Member/Applicant Information

Name: Last	First	MI	SSN/TIN:
Street:			Driver's License #:
City/State/Zip:			Date of Birth:
Home Phone:	Work Phone:	Password:	
Cell Phone:	Email:	Employer:	Start Date:
Nearest Relative:	Relative's Phone:	Relative Relationship:	

Joint/Co-Applicant

Name: Last	First	MI	SSN/TIN:
Street:			Driver's License #:
City/State/Zip:			Date of Birth:
Home Phone:	Work Phone:	Employer:	Start Date:
Cell Phone:	Email:		
Nearest Relative:	Relative's Phone #:	Relative Relationship:	

Joint/Co-Applicant

Name: Last	First	MI	SSN/TIN:
Street:			Driver's License #:
City/State/Zip:			Date of Birth:
Home Phone:	Work Phone:	Employer:	Start Date:
Cell Phone:	Email:		
Nearest Relative:	Relative's Phone #:	Relative Relationship:	

Beneficiary(ies): Person(s) designated to receive funds upon death of account owner(s)

Name:	Name:	Name:	Name:
DOB:	DOB:	DOB:	DOB:
SSN:	SSN:	SSN:	SSN:
Address:	Address:	Address:	Address:
Phone #	Phone #	Phone #	Phone #
Member # (if known):	Member # (if known):	Member # (if known):	Member # (if known):

How did you hear about us?

☐ Friend ☐ Relative ☐ Outdoor Sign ☐ Radio ☐ Other (please explain) _____

Please Check Account Services you are interested in:

☐ Savings Account (\$25 min deposit)
 ☐ Checking Account (\$50 min opening)
 ☐ Certificate(s)
 ☐ Internet Banking
 ☐ Loans
☐ Christmas Club
 ☐ Debit/ATM Card
 ☐ IRA(s)
 ☐ E-Statements
☐ Secret Savers (Ages 12 and under)
 ☐ Checks
 ☐ Overdraft Protection

Member Information Survey

Estimated monthly cash deposits \$ _____
 Estimated monthly cash withdrawals \$ _____
 Will you have Direct Deposit? _____
 If yes, estimated amount? \$ _____
 From Where? _____
 Will you have additional ACH Credits/Debits? _____
 If yes, please explain: _____

Will you be sending or receiving wires? _____
 If yes, Frequency? _____
 Estimated Amount? \$ _____
 To Where? _____

Account Agreement:

By Signing Below: You promise that everything stated on this application is correct and I/we authorize Sterling Federal Credit Union to verify information provided using any necessary means, including requesting of a credit report by a credit-reporting agency.

(x) _____
Member Signature Date

(x) _____
Joint Signature Date

(x) _____
Joint Signature Date

(x) _____
Joint Signature Date

For Credit Union Use Only:

Name:		Name:	
Forms of Primary Identification		Forms of Primary Identification	
<input type="checkbox"/> Driver's License <input type="checkbox"/> Identification Card <input type="checkbox"/> Passport <input type="checkbox"/> U.S. Military	C/S: _____ Source: Experian	<input type="checkbox"/> Driver's License <input type="checkbox"/> Identification Card <input type="checkbox"/> Passport <input type="checkbox"/> U.S. Military	C/S: _____ Source: Experian
Forms of Secondary Identification		Forms of Secondary Identification	
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Student ID <input type="checkbox"/> Compay ID <input type="checkbox"/> Voter Registration <input type="checkbox"/> Credit Card <input type="checkbox"/> Other <input type="checkbox"/> Insurance Card <input type="checkbox"/> Local Government <input type="checkbox"/> Social Security Card <input type="checkbox"/> State Gov't Card	Chexsystem <input type="checkbox"/> Y <input type="checkbox"/> N Approved by: _____ <input type="checkbox"/> OFAC <input type="checkbox"/> Reg CC (Y)	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Student ID <input type="checkbox"/> Compay ID <input type="checkbox"/> Voter Registration <input type="checkbox"/> Credit Card <input type="checkbox"/> Other <input type="checkbox"/> Insurance Card <input type="checkbox"/> Local Government <input type="checkbox"/> Social Security Card <input type="checkbox"/> State Gov't Card	Chexsystem <input type="checkbox"/> Y <input type="checkbox"/> N Approved by: _____ <input type="checkbox"/> OFAC <input type="checkbox"/> Reg CC (Y)
Additional Comments: _____ _____ _____ _____ _____ _____		Additional Comments: _____ _____ _____ _____ _____ _____	

Overall Risk Assessment ☐ Low ☐ Medium ☐ High