

MEMBERSHIP APPLICATION Member Number:

Street: Driver's License #: Date of Birth: Date of Birth:								
Driver's License #: Driver's License #:								
Date of Birth:		First						
Joint Phone: Work Phone: Password:	Street:							
Start Date: Email: Employer: Start Date:	City/State/Zip:				te of Birth:			
Name: Last								
Joint/Co-Applicant Same: Last First MI SSN/TIN:				1 2		te:		
Name: Start Date: Start Da	Nearest Relative:	Relative's Phone:		Relative Relation	nship:			
Driver's License #:	NT T	F: 4		MI GG	NI/PINI			
Date of Birth: Start Date:		First						
Some None Email:								
Cell Phone: Email: Relative Relationship: SNNTIN:								
Relative: Relative: Relative's Phone #: Relative Relationship:				Employer:	Start Dat	te:		
Same: Last First MI SN/TIN:								
Same Last First MI SSN/TIN:	Nearest Relative:			Relative Relation	nship:			
Street: Driver's License #: Zity/State/Zip: Date of Birth: Jone Phone: Employer: Start Date: Zell Phone: Email: Searest Relative: Relative's Phone #: Relative Relationship: Searest Relative: Relative's Phone #: Relative Relationship: Searest Relative: Name:					X (TITE) X			
Date of Birth:		First						
More Phone: Work Phone: Employer: Start Date:	Street:							
Relative Email: Relative	City/State/Zip:				te of Birth:			
Relative: Relative: Relative's Phone #: Relative Relationship:	Home Phone:			Employer:	Start Da	te:		
Beneficiary (ies): Person(s) designated to receive funds upon death of account owner(s)	Cell Phone:							
Name:	Nearest Relative:							
DOB: DOB: SSN: SSN: SSN: SSN: SSN: SSN: SSN: SSN: Address: Addre				non death of ac				
SSN: SSN: Address: Ad								
Address: Add								
Member # (if known): Member # (if known): Member # (if known): Member # (if known):	Address:							
Member # (if known):								
Friend Relative Outdoor Sign Radio Other (please explain)	Phone #	Phone #	Phone #		Phone #			
Friend Relative Outdoor Sign Radio Other (please explain)	Member # (if known):	Member # (if known):	Member # (if know	n):	Member # (if known):			
Friend Relative Outdoor Sign Radio Other (please explain)			•					
Please Check Account Services you are interested in: Savings Account (\$25 min deposit)				?				
Savings Account (\$25 min deposit)	Friend Relative Out			• , , , , , , , ,				
Christmas Club Secret Savers (Ages 12 and under) Checks Member Information Survev Estimated monthly cash deposits \$ Will you be sending or receiving wires? If yes, Frequency? Will you have Direct Deposit? If yes, estimated amount? \$ From Where? Will you have additional ACH Credits/Debits? If yes, please explain: Account Agreement: By Signing Below: You promise that everything stated on this application is correct and I/we authorize Sterling Federal Credit Union o verify information provided using any necessary means, including requesting of a credit report by a credit-reporting agency. (x) Member Signature Date Debit/ATM Card IIRA(s) E-Statements Overdraft Protection Be-Statements Overdraft Protection E-Statements Forther Protection E-Statements Will you be sending or receiving wires? If yes, Frequency? Estimated Amount? \$ To Where? To Where? From Where? Sy Signing Below: You promise that everything stated on this application is correct and I/we authorize Sterling Federal Credit Union o verify information provided using any necessary means, including requesting of a credit report by a credit-reporting agency. (x) Member Signature Date		Please Check Acc	count Services you are	interested in:				
Secret Savers (Ages 12 and under) Checks	Savings Account (\$25 min do	eposit) Checking Ac	ecount (\$50 min opening)	Certificate(s	s) LInternet Banking	g Loans		
Member Information Survey Estimated monthly cash deposits \$	Christmas Club	Debit/ATM	Card	IRA(s)	E-Statements			
Sestimated monthly cash deposits \$ Will you be sending or receiving wires? Estimated monthly cash withdrawals \$ If yes, Frequency? Will you have Direct Deposit? Estimated Amount? \$ If yes, estimated amount? \$ From Where? Will you have additional ACH Credits/Debits? If yes, please explain: **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 overify information provided using any necessary means, including requesting of a credit report by a credit-reporting agency. **(x)	Secret Savers (Ages 12 and un	nder) Checks			Overdraft Protection	ction		
Estimated monthly cash withdrawals \$ If yes, Frequency? Will you have Direct Deposit? Estimated Amount? \$ If yes, estimated amount? \$ From Where? Will you have additional ACH Credits/Debits? f yes, please explain: Account Agreement:		Mem	iber Information Surve	ev				
Estimated monthly cash withdrawals \$ If yes, Frequency? Will you have Direct Deposit? Estimated Amount? \$ If yes, estimated amount? \$ From Where? Will you have additional ACH Credits/Debits? f yes, please explain: Account Agreement:	Estimated monthly cash deposits \$		Will you be s	ending or receiving	wires?			
If yes, estimated amount? \$ To Where? Will you have additional ACH Credits/Debits? f yes, please explain: Account Agreement: By Signing Below: You promise that everything stated on this application is correct and I/we authorize Sterling Federal Credit Union o verify information provided using any necessary means, including requesting of a credit report by a credit-reporting agency. (x)								
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Member Signature Date Joint Signature Date				_	Union			
Member Signature Date Joint Signature Date	(x)		(x)					
(\mathbf{v})		Date		int Signature	Date	;		
	(v)		(v)					
Joint Signature Date Joint Signature Date	Joint Signature	 Date	(x) <u>Jo</u>	int Signature	Date	<u> </u>		

For Credit Union Use Only:									
Name:			Name:						
Name: Forms of Primary Identification			Forms of Primary Identification						
Driver's License Identification Card		C/S <u>:</u>	Driver's License Identification Card		C/S:				
Passport U.S. Military		Source: Experian	Passport	U.S. Military	Source: Experian				
Forms of Secondary Identification		Chexsystem	Forms of Secondary Identification		Chexsystem				
☐Birth Certificate	☐Student ID	□Y□N	☐Birth Certificate	Student ID	□Y □N				
Compay ID	Voter Registration	Approved by:	Compay ID	Voter Registration	Approved by:				
Credit Card	Other		Credit Card	Other					
Insurance Card	Proof of Address:		Insurance Card	Proof of Address:					
Local Government	Matches ID	OFAC	Local Government	Matches ID	OFAC				
Social Security Card	Other Form	Reg CC (Y)	Social Security Ca	rd Other Form	Reg CC (Y)				
State Gov't Card			State Gov't Card						
Additional Comments:			Additional Commen	nts:					
Overall Risk Assessment									