



STERLING & FORT MORGAN FEDERAL

Credit Union

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:

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 \$ 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? \$ To Where?
From Where?
Will you have additional ACH Credits/Debits?
If yes, please explain:

Account Agreement:

By Signing Below: You acknowledge receipt of and agree to the terms and conditions contained in the document entitled Membership Package & Disclosures, and any amendment the Credit Union makes to such document from time to time which are incorporated herein. As part of the terms of the agreement, the undersigned and any/all parties to this agreement hereby agree that the Credit Union may, without prior notice to any such parties or beneficiaries, withdraw funds from this account or any other account with the Credit Union and apply funds to satisfy in part or whole any matured loans, advances, or other indebtedness owed to the Credit Union by the undersigned. 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 Joint Signature Date
(x) Joint Signature Date Joint Signature Date