



STERLING & FORT MORGAN FEDERAL

Credit Union

MEMBERSHIP APPLICATION

New Account Add Joint

Member No: _____

Member/Applicant Information

Name: Last	First	MI	SSN/TIN:
Street:			Driver's Lic. No:
City/State/Zip:			Date of Birth:
Home Phone:	Work Phone:	Employer:	Years:
Cell Phone:	Email:	Password:	
Nearest Relative:	Relative's Phone #:	Relative Relationship:	

Joint/Co-Applicant

Name: Last	First	MI	SSN/TIN:
Street:			Driver's Lic. No:
City/State/Zip:			Date of Birth:
Home Phone:	Work Phone:	Employer:	Years:
Cell Phone:	Email:	Password:	
Nearest Relative:	Relative's Phone #:	Relative Relationship:	

Joint/Co-Applicant

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

Name: _____ SSN: _____ DOB: _____
Address: _____

Name: _____ SSN: _____ DOB: _____
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Name: _____ SSN: _____ DOB: _____
Address: _____

How did you hear about the Credit Union?

Friend Relative Advertisement Newspaper Other (please explain) _____

Please Check Account Services you are interested in:

Savings Account Checking Account Credit Card IRA(s) E-Statements Other _____
 Christmas Club Debit/ATM Card Certificate(s) Internet Banking Loans _____

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) _____ Date _____ (x) _____ Date _____
Member Signature Date Joint Signature Date

(x) _____ Date _____ (x) _____ Date _____
Joint Signature Date Joint Signature Date

For Credit Union Use Only:

Forms of Primary Identification for Member

Forms of Secondary Identification for Member

Driver's License: _____
 State: _____ Exp: _____

Identification Card: _____
 State: _____ Exp: _____

Passport: _____
 Country Issued: _____ Exp: _____

U.S. Military: _____
 Type: _____ Exp: _____

Birth Certificate Joint Member Minor Acct:# _____

Compay ID Issued to: _____ (fingerprint)

Credit Card Issued by: _____

Insurance Card Date of Expiration: _____

Local Government #(no credit/debit): _____

Social Security Card Proof of Address: _____

State Government Card Matches ID Used Other Form

Student ID

Voter's Registration C/S: _____ Chexsystem Y N

Other Source: Experian Approved by: _____

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OFAC: All Passed Failed

If Failed, Who? _____

If Failed, Why? _____

Reg CC Hold Y N

Explanation: _____

Additional Comments: _____

MEMBER INFORMATION SURVEY

Estimated monthly cash deposits \$ _____

Estimated monthly cash withdrawals \$ _____

Will you have Direct Deposit? Yes No

If yes, estimated amount? \$ _____ From Where? _____

Will you have additional ACH Credits/Debits? Yes No

If yes, please explain _____

Will you be sending or receiving wires? Yes No

If yes, Frequency? Weekly Monthly Annually

Estimated Amount? \$ _____

To Where? _____

These Statements are true and correct to the best of my knowledge.

X _____
(signature)

(date)

For Credit Union Use Only

CREDIT REPORT ANALYSIS

Fraud Shield Summary:

Concerns: _____

SSN Variation: Yes No

If yes, explain: _____

How did you verify the social security number? _____

Overall Risk Assessment Low Medium High