

## Account Application Resource Guide

The following document serves as a resource guide for MDCPS students opening an account with South Florida Educational Federal Credit Union as part of the Summer Youth Internship Program. This resource will guide students through the highlighted areas within the account application that **must** be completed.

### Quick Notes:

- This guide is for students **ages 15 and over** looking to open an account for the Summer Youth Internship Program. If you are **under the age of 15** and need to open an account for the internship program, please contact us at (305) 270-5239 or [syipaccounts@sfefcu.org](mailto:syipaccounts@sfefcu.org) and we will provide you with instructions for opening your account.
- If you are completing this document online, you can type in the information in the applicable fields. However, you prefer to fill out the application by hand, please make sure that the handwriting is legible to prevent delays in opening your account.

### 1. Name Fields

Complete the name fields (**first name, middle name/initial, & last name**) as your name appears on your government-issued, unexpired form of identification used to open the account. For example, if a student's name on his driver's license is Joseph Angel Garcia, he is required to complete the application with Joseph Angel Garcia in the appropriate name fields.

<b>First Name</b>	<b>Middle Name/Initial</b>	<b>Last Name</b>

### 2. SSN/ITIN

Enter your 9-digit Social Security Number (SSN) or Individual Tax Identification Number (ITIN). You are required to provide a copy or digital photo of their Social Security Card or ITIN letter in order to open the account.

<b>SSN/ITIN</b>

### 3. Date of Birth

Enter your **date of birth** using a 2-digit month, 2-digit day, and four digit year. For example, if your date of birth is January 12, 2005, enter the date as 01/12/2005.

<b>Date of Birth (mm/dd/yyyy)</b>

**4. Mother's Maiden Name**

Provide your **mother's maiden name**. Maiden name means your mother's last name at birth.

Mother's Maiden Name
----------------------

**5. Phone Number Fields**

Provide **at least one** valid phone number. It is important you provide the best number to contact you in case we have questions about your application. Enter N/A for any field that does not apply.

Home Phone Number	Cell Phone Number	Work Phone Number
-------------------	-------------------	-------------------

**6. Email Address**

Provide a **valid email address**. A valid email address field is required for us to send you the Internship Direct Deposit forms that you must submit to your lead teacher/champion teacher for the SYIP program.

Email Address
---------------

**7. Mailing Address**

Provide your **mailing address**. Be sure to enter the complete address, including apartment or unit number if applicable. We will use this address to send you correspondence, bank statements, and your ATM or debit card if requested.

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

If your mailing address is the same as your physical address (the address where you live/reside), you do not need to complete the **Physical Address** section on the application.

**IMPORTANT: The address on your government-issued identification must match your physical address (the address where you live/reside). If it does not match, you will need to provide proof of your physical address (acceptable via MDCPS student portal).**

**8. Physical Address (if different from mailing address)**

Provide your **physical address** (address where you live) if the address is different than your mailing address.

Physical Address (if different from mailing address)	City	State	Zip Code

**9. Products and Services**

Select the **product and services** you would like to receive. All students will automatically receive a savings account, and may request an ATM card and online banking with their savings. If you would like a checking account, you may request a Visa Debit Card (instead of an ATM card) and online banking with your checking.

I authorize the following products and services to be opened:

SAVINGS  
  CHECKING  
  ATM CARD  
  DEBIT CARD  
  ONLINE BANKING  
(Checking Account required)

**10. Employee ID#/Student ID#**

Each student must provide his/her MDCPS student ID number in this field.

Employee ID # / Student ID#

**11. Name of School**

Provide the **name of your school**. Please provide the full name of the school; do not provide abbreviations of the school name.

Example: If a student attends North Miami Beach Senior High, he/she should NOT write “NMB” in this section. He/she should write North Miami Beach Senior High.

Name of School

**12. Signature and Date**

Once you have completed the entire application, print out the application, and sign and date it.

Signature	Date Signed

Once you have completed the application, make a copy or take a picture of (1) your ID, (2) your SSN card or ITIN letter, and (3) proof of your address if your current address is not listed on your ID. You are now ready to submit your application and supporting documents through SFEFCU’s secure email system. Refer to the Secure Email Resource Guide for further instructions.