



# South Florida Educational Federal Credit Union

## ACCOUNT AGREEMENT AND SIGNATURE CARD

Type of Action <b>NEW ACCOUNT</b>	Member Group	Account Number
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I hereby apply for membership in SOUTH FLORIDA EDUCATIONAL FEDERAL CREDIT UNION.

I am employed by:

MDCPS  MDC  UTD  Other

I am a student of:

MDCPS  MDC  Other

I am a member of:

\_\_\_\_\_

I authorize the following products and services to be opened:

SAVINGS  CHECKING  ATM CARD  DEBIT CARD  ONLINE BANKING

(Checking Account required)

First Name		Middle Name/Initial		Last Name	
Social Security Number		Date of Birth (mm/dd/yyyy)		Mother's Maiden Name	
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address		
Mailing Address		City	State	Zip Code	
Home Address (if different from mailing address)		City	State	Zip Code	

### REVOCABLE BENEFICIARY DESIGNATION

(Person(s) who will receive your money left in your account(s) in case of your death, example: parent, sibling, etc.)

This beneficiary designation may be altered only on the form provided by SFEFCU. Upon the death of the individual account owner, the entire account balance shall be payable to the surviving beneficiary(ies) as set forth above, subject to SFEFCU's right to set off any sums due to SFEFCU by the owner or a beneficiary. If there is more than one beneficiary and the percentage due is not filled in for one or more, the balance will be distributed first in accordance with any written percentages and any remaining balance will be divided evenly among any remaining beneficiaries not showing a set percentage. If the written percentages of the surviving beneficiaries total greater or lesser than 100%, the balance will be distributed not as percentages but by using the written numbers as proportions of the actual total.

Must equal 100%

Name	Address (include City, State and Zip Code)	Date of Birth (mm/dd/yyyy)	Relationship	Percent
Name	Address (include City, State and Zip Code)	Date of Birth (mm/dd/yyyy)	Relationship	Percent

### SCHOOL / EMPLOYMENT INFORMATION

Employee ID # / Student ID#	Name of School
Employer	Occupation

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION: "Under the penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number, (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue (IRS) has notified me that I am no longer subject to backup withholding and that I am a U.S. person. By signing below, I certify that the information I have given for Credit Union membership is true and that the Credit Union is authorized to make whatever inquiries it deems necessary of others to verify my eligibility. I agree to the terms and conditions of the Membership and Account Agreement, Share Account Rate and Fee Schedule, Electronic Funds Transfer Disclosure, and to any amendments SFEFCU makes from time to time which are incorporated herein. I agree to the terms and conditions set forth by the Credit Union.

Signature	Date Signed

**FOR SOUTH FLORIDA EDUCATIONAL FEDERAL CREDIT UNION USE ONLY**

Identification Type FL DL #: <input type="checkbox"/> / FL State ID: <input type="checkbox"/> / Other: <input type="checkbox"/> Specify: _____		
Identification Number	ID Issue Date (mm/dd/yyyy)	ID Expiration Date (mm/dd/yyyy)
Address listed on Identification (If different from mailing/residence address)		
Name of SFEFCU Employee verifying applicant's Identification and Social Security Card Print Name: _____ ID <input type="checkbox"/> <b>and</b> SS <input type="checkbox"/>	Branch	Date
Initial Deposit Amount \$ _____	TelePin #: _____	

**FOR BACK OFFICE USE ONLY**

TeleCheck #: _____	OFAC completed by Name and Teller #: _____
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