



**South Florida Educational
Federal Credit Union**

ACCOUNT AGREEMENT AND SIGNATURE CARD

Type of Action NEW ACCOUNT	Member Group	Account Number
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I hereby apply for membership in South Florida Educational Federal Credit Union.

First Name		Middle Name/Initial		Last Name	
SSN/ITIN		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
Physical Address (if different from mailing address)			City	State	Zip Code

I authorize the following products and services to be opened:

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

MEMBERSHIP QUALIFICATION

I am qualified for membership in South Florida Educational Federal Credit Union (SFEFCU) as indicated below. I hereby certify that the information regarding my membership eligibility provided on this form is true and correct. I understand that membership is contingent upon satisfactory verification of eligibility, and that SFEFCU is authorized to make any inquiries it deems necessary to verify my eligibility. I further understand and acknowledge that providing false information will cancel my membership.

I am <input type="checkbox"/> employed by or <input type="checkbox"/> retired from: <input type="checkbox"/> MDCPS <input type="checkbox"/> MDC <input type="checkbox"/> UTD <input type="checkbox"/> Other	I am a student of: <input type="checkbox"/> MDCPS <input type="checkbox"/> MDC <input type="checkbox"/> Other	I am a member of the PTA/PTSA: _____ Unit Name	I am the immediate family member of, or share a household with, the following individual within SFEFCU's field of membership: Sponsor's Name: _____ Relationship to Sponsor: _____ Sponsor's Eligibility: _____
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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
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FOR SOUTH FLORIDA EDUCATIONAL FEDERAL CREDIT UNION USE ONLY

Identification Type DL #: <input type="checkbox"/> / State ID: <input type="checkbox"/> / Other: <input type="checkbox"/> Specify: _____		
Identification Number	ID Issue Date (mm/dd/yyyy)	ID Expiration Date (mm/dd/yyyy)
Proof of Address (If different from address listed on Identification)	For Non-US Persons Only: Country of Citizenship	
Name of SFEFCU Employee verifying applicant's Identification and Social Security Card Print Name: _____ ID <input type="checkbox"/> and SS <input type="checkbox"/>	Branch	Date
Initial Deposit Amount \$ _____	WebPIN Control # #: _____	

FOR BACK OFFICE USE ONLY

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