



MISSISSIPPI FEDERAL CREDIT UNION

Membership Application and Agreement

Account Number: _____ Date: _____ Family Member: Yes No
 Name of family member: _____

Account Type: All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless MSFCU is notified in writing of a change.

Account Type: Shares/Savings _____ Share Draft/Checking: _____ Other: _____
Please print Suffix Suffix Suffix

Year/Semester Attended: (For Alumni) _____ **Anticipated Year of Graduation:** (For Student) _____

Primary owner: Social Security Number: _____ Date of Birth: _____

How did you hear about us: _____

Name: _____ Driver License #: _____ State: _____

Current mailing address: _____ City: _____ State: _____ Zip: _____

Home Phone:(_____) _____ Cell Phone:(_____) _____

Physical/Permanent home address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Hire Date: _____

Employment: _____ Employee ID: _____ Work Phone:(_____) _____

Nearest Relative/Parent: _____ Phone:(_____) _____

Please print
Joint owner: Social Security Number: _____ Relationship to Primary owner: _____

Name: _____ Date of Birth: _____

Current mailing address: _____ City: _____ State: _____ Zip: _____

Home Phone:(_____) _____ Cell Phone:(_____) _____

Drivers License #: _____ State: _____

Permanent home address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Hire Date: _____

Employment: _____ Employee ID: _____ Work Phone:(_____) _____

Beneficiary/POD: Name: _____ SSN# _____

(Payable on Death) Name: _____ SSN# _____

TIN Certification and backup withholding information

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen (including a U.S. resident alien).

Authorization: By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment MSFCU makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosure applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We agree to pay any fees assessed due to collection of the above accounts. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Overdraft Protection in increments of \$50.00 from shares: Yes No _____
Initial

I/We acknowledge that MSFCU has informed me/us of the following: 1) The Credit Union's policy concerning the hold period placed on funds deposited. 2) The Credit Union's stop-payment policies and overdraft policy. 3) The Credit Union's policies concerning its liens on shares. Yes _____
Initial

Changes of this agreement require consent of all account owners. Closing of this account requires primary owner's signature.

Primary owner's signature **Date** **Joint owner's signature** **Date**

The Credit Union will not open an account without a taxpayer identification number. This application is approved by the Board of Directors.

For MSFCU Use Only:

Date of Membership: _____ Opened/App'd by: _____ Draft Auth. No.: _____ OFAC: _____
Checks ordered: _____ ATM Card issued: _____ Debit Card issued: _____ Emp. Group: _____
Online Access: _____ TVR: _____ Shared Branching: _____ Opt In: _____
E-Statements: _____ ID Theft: _____