



The Florist Federal Credit Union

Built by and for the Florist Industry



NEW MEMBERSHIP CARD Instructions

Welcome to The Florist FCU. You must be eligible to join.

Eligibility (nationwide):

- Be a family member of a current member of our Credit Union
- Be a retail or wholesale florist, or staff member of a member florist
- Be a member of a state or regional florist association.
- Be a support vendor of a florist association, or a retail or wholesale florist
- Any business may apply for membership. Membership is based on approval by the board of directors.

The membership card:

Complete both sides of the membership application. You may include a joint owner. We recommend that you include a person to be a POD (payable on death). Be sure to have the form signed by all owners.

Driver's License(s):

Please provide a clear copy of your driver's license(s). A clear copy is one that you copy lightly and fax, that you mail, or that you create a digital copy of, such as a smart phone picture, and email.

Original opening deposit: ACH (electronic funds transfer) or Check:

The minimum amount to open your account is \$26.00. We can debit your account anywhere for deposit to your new account. Or, mail a check.

Regular Deposits:

You can set up the ACH form to transfer funds to your account on a regular basis. Just let us know that you'd like to set that up.

Delivery of required documents with signatures (Account Card, Overdraft Notice, ACH form if applicable)

Mail: The Florist FCU PO Box 2202 Roswell NM 88202-2202
Fax: 575-627-6530
Email: info@thefloristfcu.org

NAME: _____

Acct# _____

THE FLORIST FEDERAL CREDIT UNION

PO Box 2202 • Roswell, NM 88202

575-622-0560 voice 575-627-6530 fax

ACCOUNT CARD

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 unless the Credit Union is notified in writing of a change.

☐ Share /Savings _____

☐ Checking: _____

☐ Share /Savings 2 _____

☐ Money Market: _____

☐ Share Certificate / CODs _____

☐ Other: _____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the MEMBER APPLICATION AND OWNERSHIP INFORMATION section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

PRIMARY MEMBER: _____ Mother's Maiden Name _____

Address: _____

Home Phone: _____ Work Ph: _____ Cell Ph: _____

Date of Birth: _____ Social Security Number: _____

Membership Eligibility: _____ Employer: _____

Email: _____ Driver's Lic # _____ ST: _____

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 (Social Security Number), 2) I am not subject to backup withholding because I am exempt from backup withholding or 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 the IRS has notified me that I am no longer subject to backup withholdings, and 3) I am a SU Person (including a SU resident alien) OR ☐ if I mark this box, I am subject to backup withholdings.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures, Funds Availability Policy Disclosures, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the Electronic Funds Transfer Agreement and Disclosures. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

X _____

Signature _____ date _____

X _____

Signature _____ date _____

X _____

Signature _____ date _____

X _____

Signature _____ date _____

ACCOUNT SERVICES

☐ Payroll Deduction / Direct Deposit ☐ ATM Card ☐ Overdraft Protection

☐ Debit Card ☐ Internet Banking and / or Bill Pay Services

ACCOUNT OWNERSHIP

☐ Individual ☐ Joint Account with Rights of Survivor ☐ Joint without Right of Survivor

IF JOINT:

1. JOINT MEMBER: _____ Mother's Maiden Name _____

Address: _____

Home Phone: _____ Work Ph: _____ Cell Ph: _____

Date of Birth: _____ Social Security Number: _____

Membership Eligibility: _____ Employer: _____

Email: _____ Driver's Lic # _____ ST: _____

2. JOINT MEMBER: _____ Mother's Maiden Name _____

Address: _____

Home Phone: _____ Work Ph: _____ Cell Ph: _____

Date of Birth: _____ Social Security Number: _____

Membership Eligibility: _____ Employer: _____

Email: _____ Driver's Lic # _____ ST: _____

ACCOUNT DESIGNATIONS

☐ Payable on Death (POD) / Trust Account (joint will be divided equally)

1. Beneficiary/POD Payee: _____

Address: _____

2. Beneficiary/POD Payee: _____

Address: _____

☐ UTMA/UGMA (as custodian for) _____ (minor) under
the Uniform Transfers/Gifts to Minors Act) Minor's SSN _____

☐ Agency ☐ Agent only for HSA Print Agent Name: _____

Signature of Agent: _____ date: _____

☐ Other : _____

*** * * * ATTENTION / OVERDRAFT NOTICE * * * ***

Unless you authorize us to do so, we cannot cover overdrafts on your accounts. Please read this notice. If we do not have this signed opt-in or opt-out notice on file per new federal regulations to disclose, we may not cover your overdrafts.

WHAT I NEED TO KNOW ABOUT OVERDRAFTS AND OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway.

We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

WHAT ARE THE STANDARD OVERDRAFT PRACTICES THAT COME WITH MY ACCOUNT?

We do authorize and pay overdrafts for the following types of transactions:

1. Checks and other transactions made using your checking account number
2. Automatic bill payments

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

1. ATM transactions
2. Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If you do not authorize to pay an overdraft, your transaction may be declined. Your card and/ or account may be terminated if you have repeated unauthorized overdrafts.

WHAT FEES WILL I BE CHARGED IF THE FLORIST FEDERAL CREDIT UNION PAYS MY OVERDRAFT?

Under our standard overdraft practices:

- We will charge you a fee of up to \$25 each time we pay an overdraft.
- If a line of credit is used to cover the overdraft, you will be charged \$3.00 for each advance.
- If your account is overdrawn for 5 or more consecutive business days, we will charge an additional \$5 per day.
- There is a limit of \$75 per day on the total fees we can charge you for overdrawing your account.

-----REQUIRED SIGNATURE-----

If you "want us to" / "do not want us to" authorize and pay overdrafts on ATM and everyday debit card transactions, please mark the appropriate box, sign and return the attached form no later than June 30, 2010

- ☐ I **do not want** The Florist FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.
- ☐ I **do want** The Florist FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Printed Name: _____ Signed Name: _____

Date: _____ Account Number (if known): _____

MAIL TO: THE FLORIST FCU PO BOX 2202 ROSWELL NM 88202 / **FAX TO:** 575-627-6530 / **EMAIL TO:** info@thefloristfcu.org

THE FLORIST FEDERAL CREDIT UNION
PO Box 2202 404 Kentucky Avenue Roswell, NM 88202-2202
Voice 1-800-322-0811 / 575-622-0560 Fax 575-627-6530

ELECTRONIC FUNDS TRANSFER ACH AUTHORIZATION

I (we) hereby authorize The Florist Federal Credit Union (herein The Credit Union) to initiate transactions to my (our) account(s) as indicated below at the financial institution named, herein called Financial Institution, to ☐ debit (withdraw funds) and /or ☐ credit (deposit funds) in the account as shown below.

I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with the provisions of U.S. law.

Financial Institution Name

Legal Name of Account to be Debited and / or Credited

Routing Number

Account Number

type of acct ☐ Checking ☐ Savings

This authority is to remain in full force and effect until the Credit Union has received written notification from me (or either of us) of its termination in such time and manner to afford the Credit Union and Financial Institution a reasonable opportunity to act on it.

Printed Name

Signature

Date

****PLEASE ATTACH A VOIDED CHECK COPY TO THIS FORM****