

NAME: _____

MB# _____

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 _____ ☐ Money Market: _____
- ☐ Share /Savings _____ ☐ Other: _____
- ☐ Share Certificate / CODs _____

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

MEMBER-OWNER: _____ 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

Sign and mail to: The Florist FCU PO Box 2202 Roswell NM or fax: 575-627-6530

Credit Union Notes:

ACCOUNT SERVICES

- ☐ Payroll Deduction / Direct Deposit ☐ ATM Card
- ☐ Overdraft Protection ☐ Debit Card
- ☐ from Savings ☐ Internet Banking and / or Bill Pay Services
- ☐ from overdraft loan

ACCOUNT OWNERSHIP

- ☐ Individual ☐ Joint Account with Rights of Survivorship ☐ Joint without Rights of Survivorship

IF JOINT:

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: _____

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

Beneficiary/POD Payee: _____

Address: _____

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 : _____