

Coral Community Federal Credit Union Membership and Services Application

Please select one

OPEN A NEW ACCOUNT

A minimum deposit is required with a new account application

CHANGE EXISTING DATA

This form will supersede any others on file. It must be completed in its entirety as if for a new account

LAST NAME	FIRST NAME	INITIAL	MEMBER NUMBER
STREET ADDRESS (WHERE YOU RESIDE)		CITY	STATE ZIP
MAILING ADDRESS (WHERE YOU WANT YOUR MAIL SENT)		CITY	STATE ZIP
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER/ EXT.	DRIVERS LICENSE # /STATE
EMPLOYER NAME - ADDRESS - DEPARTMENT			HIRE DATE
SOCIAL SECURITY NUMBER <small>(COPY ATTACHED)</small>	Tin Certification and Backup Withholding Information - By signing below, under penalty 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 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. person (including a U.S. resident alien). <small>Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. Cross out item 3 and complete form W-8 BEN if you are not a U.S. Person.</small>		
DATE OF BIRTH			
E-MAIL ADDRESS	MOTHERS MAIDEN NAME	ELIGIBILITY / HOW DID YOU HEAR ABOUT US?	
JOINT OWNER (LAST NAME, FIRST, INITIAL)	DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVERS LICENSE W/STATE
JOINT OWNER (LAST NAME, FIRST, INITIAL)	DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVERS LICENSE W/STATE

ACCOUNTS OR SERVICES REQUESTED

Please initial each account or service you are requesting with Coral Community Federal Credit Union.

*RESTRICTIONS APPLY – MEMBERSHIP AND ACCOUNTS ARE SUBJECT TO APPROVAL

<input checked="" type="checkbox"/> MEMBERSHIP (Share Savings) REQUIRED <input type="checkbox"/> CORAL KIDS <input type="checkbox"/> LITTLE SEAHORSE (0-5 YEARS) <input type="checkbox"/> SEA SHELL SAVERS (6 – 12 YEARS) <input type="checkbox"/> ROCK SOLID* (13-19 YEARS) <input type="checkbox"/> CHECKING <input type="checkbox"/> MASTERCARD <input type="checkbox"/> ATM CARD/DEBIT CARD <input type="checkbox"/> ISLAND CLUB <input type="checkbox"/> HOLIDAY CLUB	<input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> LIFESAVERS <input type="checkbox"/> CORAL <input type="checkbox"/> LIGHTHOUSE <input type="checkbox"/> MONEY MARKET ACCOUNT <input type="checkbox"/> ATM CARD OR MASTERCARD DEBIT CARD SELECT ONE: <input type="checkbox"/> CORAL CARD ATM CARD <input type="checkbox"/> MASTERCARD DEBIT CARD <small>(checking is required)</small>
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DESIGNATION OF PAY ON DEATH (POD) BENEFICIARY

If I have requested an individual account (s), then listed below will be considered my Pay on Death (POD) beneficiary (s) and if they survive me they will receive any unencumbered amounts in my Credit Union account (s) after my death. If I have requested a joint account with another party, then the party (s) listed below will be considered my Pay on Death (pod) payee (s). Upon the death of the last surviving account owner, the unencumbered funds shall be paid out equally to the surviving POD payees.

PLEASE SELECT ONE: SINGLE-PARTY ACCOUNT SINGLE-PARTY ACCOUNT WITH POD DESIGNATION
 MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP
 MULTIPLE-PART WITH RIGHT OF SURVIVORSHIP AND POD DESIGNATION

POD PAYEE/BENEFICIARY _____ RELATIONSHIP _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

COMPLETE ADDRESS (STREET, CITY, STATE AND ZIP) _____

POD PAYEE/BENEFICIARY _____ RELATIONSHIP _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

COMPLETE ADDRESS (STREET, CITY, STATE AND ZIP) _____

PLEASE READ CAREFULLY BEFORE SIGNING: I/We, the undersigned, apply to Coral Community Federal Credit Union for the membership in the Credit Union and for the accounts and/or services listed on the reverse side. By signing below, I/We agree to the Terms and conditions pamphlet contained in the "Account Document Packet", Truth In Savings Rate and Fee Schedules, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Account Agreement and disclosures 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 and acknowledge receipt of the Electronic Funds Transfer Agreement and Disclosure.

I/We agree that the Credit Union is authorized to recognize any of the signatures subscribed below for the transaction of any business on any account on which that party is named as an owner; that all funds in any account shall be considered as being held by each owner;

By signing below I authorize the Credit Union to check my credit history including the verification of the information on this request. Copies of my pay-stub may be required. I understand that you may contact me for further information, and that this application must be completed fully for the Federal Credit Union to process my request. You may obtain information from others about me and give credit information to others.

I understand that by signing this form I am verifying my membership eligibility.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

<p>X _____ SIGNATURE OF OWNER/MEMBER</p> <p>_____ DATE</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">THUMBPRINT OF MEMBER</div>
<p>X _____ SIGNATURE OF JOINT OWNER</p> <p>_____ DATE</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">THUMBPRINT OF JOINT</div>
<p>X _____ SIGNATURE OF JOINT OWNER</p> <p>_____ DATE</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">THUMBPRINT OF JOINT</div>

THIS FORM MUST BE WITNESSED BY A CREDIT UNION OFFICIAL OR NOTARIZED BELOW.

SIGNATURE OF CREDIT UNION EMPLOYEE OPENING ACCOUNT

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, _____ BY _____
WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____ AS IDENTIFICATION.

SIGNATURE OF NOTARY

DATE

STAMP:

PRINTED NAME OF NOTARY

EXPIRATION

FOR CREDIT UNION USE ONLY (ALL VERIFICATION TO BE INITIALED BY OFFICIAL OPENING ACCOUNT)

CHEXSYSTEMS HIT INFO _____ RETAIL INFO _____

CREDIT REPORT ATTACHED _____ ELIGIBILITY VERIFIED _____ ID COPIED AND VERIFIED _____

APPROVED/VERIFIED BY _____ TELLER # _____ DATE _____