



P.O. Box 182499
Tallahassee, FL 32318-2499

Membership Application

To join, complete membership application and return it with initial minimum deposit of \$15.00 (\$10.00 lifetime membership fee and \$5.00 to establish account) to Florida State University Credit Union, P.O. Box 182499, Tallahassee FL 32318. DO NOT MAIL CASH.

INTERNAL USE ONLY

Name of Employee Opening Account: _____

FSUCU Member #: _____

Membership Eligibility (please choose *one* appropriate affiliation)

- FSU Faculty/Staff FSU Student FSU graduate who lives and/or works in Franklin, Gadsden, Jefferson, Liberty, Leon, Wakulla or Bay County
- Employed by business that conducts business with FSU - Business Name _____ Member or employee of FSU organization - Organization _____
- Family member of person eligible for membership - Name of eligible person _____
- Employee or resident of HarborChase Senior Living Community FSUCU Employee Live and/or work in Gadsden, Leon, Taylor or Wakulla County

Primary Member-Owner Information

Full Name	Date of Birth	
SSN/TIN	Email Address	
Address		
City	State	Zip
Home Phone	Work Phone	
Employment/Occupation	Mother's Maiden Name	
ID Type	State of Issue	Issue Date
ID Number	Expiration Date	

Joint Owner Information

Full Name	Date of Birth	
SSN/TIN	Email Address	
Address		
City	State	Zip
Home Phone	Work Phone	
Employment/Occupation	Mother's Maiden Name	
ID Type	State of Issue	Issue Date
ID Number	Expiration Date	

SSN/TIN Certification and Backup Withholding Information

Under penalty of perjury, you certify (1) that the SSN/TIN number shown on this form is your correct taxpayer identification number (or you are waiting for a number to be issued to you); (2) you are not subject to backup withholding because (A) you are exempt from backup withholding or (B) you have not been notified by the IRS that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified you that you are no longer subject to backup withholding; and (3) you are a U.S. citizen or other U.S. person.

Signature _____

Date _____

BENEFICIARY FOR PAYABLE ON DEATH

<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Beneficiary 1 _____			Beneficiary 2 _____		
Date of Birth _____			Date of Birth _____		
Address _____			Address _____		

OPTIONAL PRODUCTS AND SERVICES

Virtuoso Online Banking. Selecting this option will allow you unlimited, no-charge access to your accounts through our website. You consent and agree that we may provide all disclosures, agreements, contracts, periodic statements, receipts, modifications, amendments and all other evidence of our transactions with you or on your behalf electronically. I/We agree to the terms of and acknowledge receipt of the electronic records consent form. You must have a checking account to be eligible. Primary account owner sign here: _____

Debit Card. Please issue an ATM/Debit Card as follows: Primary Account Holder Only Primary and Joint Owner
Primary account owner sign here: _____

Overdraft Protection. By signing here, you consent to have FSU Credit Union authorize and pay overdrafts on your ATM and everyday debit card transactions. Primary account owner sign here: _____

E-Statements. Yes, Sign me up for email statements. Selecting this option means you consent and agree that we may provide all disclosures, agreements, contracts, periodic statements, receipts, modifications, amendments and all other evidence of our transactions with you or on your behalf electronically. I/ we agree to the terms of and acknowledge receipt of the Electronic Records Consent Form.

Primary account owner sign here: _____

*E-mail Address: _____

*Please list email address where you wish to receive notification of electronic postings.

IMPORTANT: SIGN ON PAGE TWO

Membership Application (CONTINUED)

Primary Member-Owner Name: _____ Account Number: _____

ACCOUNT USAGE INFORMATION

What is the purpose of this account? (Please be specific: Will it be a primary checking account? Auxiliary? Vacation Savings?)

Is the physical address you provided on the front the place you reside? Yes No *If you answered Yes to providing a mailbox storefront address, enter your physical address here:

Is the physical address you provided on the front a mailbox storefront? Yes* No _____

Please tell us the level of activity you anticipate with this account: _____

WITHDRAWALS including cash, debit card, ATM, ACH, etc.

DEPOSITS including mail, teller, direct deposit, shared branches, etc.

Number of withdrawals per month _____

Number of deposits per month _____

Total Amount of withdrawals per month \$ _____

Total Amount of deposits per month \$ _____

Do you anticipate sending wires from this account? Yes No

If yes, how frequently? _____ per _____

Do you anticipate receiving wires into this account? Yes No

If yes, how frequently? _____ per _____

SIGNATURE

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. Ownership indicated on this form applies to all accounts and certificates under this membership unless indicated on a valid Account Change Card.

I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If a debit 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 authorize the credit union to check my credit and employment history and obtain all information and documentation it deems necessary to confirm my eligibility for credit union products and services. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____
Primary Signature Date

X _____
Joint Owner Signature Date

NOTARY

If applying by mail, this form must be notarized and a copy of your driver's license is necessary before processing the above information.

FOR AN ACKNOWLEDGEMENT IN AN INDIVIDUAL CAPACITY:

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.

(NOTARY SEAL)

Signature of Notary Public

Name of Notary Typed, Printed or Stamped

Notary Public Commission Number

Expiration Date

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

Be sure to include your deposit(s), Social Security Number and valid form of identification for EACH owner along with your signed application. Please note that the application will not be processed until signed. To activate your membership, either stop by a local branch office or mail your application to: Florida State University Credit Union, Attn: Membership Services, P.O. Box 182499, Tallahassee, FL 32318-2499. For questions, visit www.fsucu.org or call us toll-free at 877-GO-FSUCU. IRAs and Trusts require separate documentation.



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