



Membership Application & Ownership Information

I would like to apply for the following accounts or services:

Types of Accounts:

- Savings Account (required)
- Checking Account
- Money Market
- Special Savings
- Christmas Club
- Term Share Account (CD)
- IRA
- Other

Electronic Services:

- ATM Card (Style # _____)
- VISA Check Card (Style # _____)
- Home Banking
- Bill Payment
- Direct Deposit
- Audio Response Teller (4 digit pin _____)
- Do you want to order Checks? YES or NO
 Check Style _____ # of Boxes _____
 Phone # on Checks? YES or NO

Funds deposited in new accounts subject to extended holds (excluding payroll/direct deposit). Minimum deposit of \$5.00 will be forfeited if account closed within 90 days of opening. Minimum deposit of \$5.00 in membership share account not eligible for overdraft protection.

Primary Owner Information

Member/Owner:	
Street:	SSN/TIN:
City/State/Zip:	Driver's License No.: Expiration Date:
Home Phone:	Date of Birth:
Work Phone:	Password On Account:
Cell Phone:	Membership Eligibility:
Email:	
Employer:	Employer Phone:

Joint Owner Information

Joint Member/Owner 1:	
Street:	SSN/TIN:
City/State/Zip:	Driver's License No.: Expiration Date:
Home Phone:	Date of Birth:
Cell Phone:	Work Phone:
Employer:	Employer Phone:
Joint Member/Owner 2:	
Street:	SSN/TIN:
City/State/Zip:	Driver's License No.:
Home Phone:	Date of Birth:
Cell Phone:	Work Phone:
Employer:	Employer Phone:

Beneficiary/POD

Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts listed under the ACCOUNT TYPE section.

Beneficiary/POD Name 1:	
Relationship:	DOB or Social Security No.:
Beneficiary/POD Name 2:	
Relationship:	DOB or Social Security No.:

By signing below, I/We hereby certify that everything I/We have stated above is correct to the best of my/our knowledge. By signing below, I/We authorize Space City CU to check my/our credit and verify my/our employment or any other information that I/We have provided to Space City CU. The credit union reserves the right to deny services to person when deemed appropriate, especially when it concerns safeguarding member assets. TeleCheck, credit reports, and other methods may be utilized in making a determination on whether or not to provide services to members.

Member Signature:	Date:
Joint Member Signature:	Date: