



For your financial health 



Membership Application

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Membership Type (required)

Will there be a Joint Member on this application?

Yes No

Primary Member

Last Name	First Name	M.I.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Cell Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
SSN (9-digits)	Birthdate (mm/dd/yy)		
<input type="text"/>	<input type="text"/>		
Driver's License #	State		
<input type="text"/>	<input type="text"/>		
Mother's Maiden Name	Employer		
<input type="text"/>	<input type="text"/>		
Email Address	Eligibility for Membership		
<input type="text"/>	<input type="text"/>		

Joint Member (Optional)

Last Name	First Name	M.I.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Cell Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
SSN (9-digits)	Birthdate (mm/dd/yy)		
<input type="text"/>	<input type="text"/>		
Driver's License #	State		
<input type="text"/>	<input type="text"/>		
Mother's Maiden Name	Employer		
<input type="text"/>	<input type="text"/>		
Email Address	Eligibility for Membership		
<input type="text"/>	<input type="text"/>		

Products and Services

Please select from the list below the products and/or services that you are interested in. * **Note:** a minimum of \$5.00 is required to open and maintain a member share account.

<input checked="" type="checkbox"/> Savings*	<input type="checkbox"/> Checking
<input type="checkbox"/> Holiday Club Account	<input type="checkbox"/> Vacation Club Account
<input type="checkbox"/> VISA® Check Card (Debit Card)	<input type="checkbox"/> ATM Card
<input type="checkbox"/> E-Statements	<input type="checkbox"/> Share Certificate
<input type="checkbox"/> All-Purpose Club Account	<input type="checkbox"/> AudioLine (telephone banking)

Account Designations

A. If "Joint Member" information is provided above, I wish the following account(s) to be designated as Joint with Survivorship:

All Accounts These Specified Accounts:

B. I would like the following account(s) to be designated as Payable on Death (POD)/Trust Account(s) with Enter Name & Address of Beneficiary as beneficiary:

All Accounts These Specified Accounts:

C. Please designate the owner(s) of the following account(s) as custodian for the minor child under the Uniform Transfers/Gifts to Minors Act (UTTMA/UGMA).

Name & Address of Minor Child: Minor's Birth Date:

Minor Eligibility for Membership: Minor's SSN:

Authorizations and Disclaimers

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents and make copies of these documents.

By signing below, I certify in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to back-up withholding

Exempt

I am not a United States citizen or resident

Application Submission

Thank you for your interest in becoming a member of Encentus Federal Credit Union. After submitting this application you will receive a membership packet in the mail.

