



CHECKING APPLICATION

South Bend Firefighters FCU
1122 S Main Street, South Bend, IN 46601
Phone (574)287-6161 Fax (574)287-6365

Current Account Primary Owner

Name _____ SSN/TIN# _____ DL# _____
Home Phone _____ Work/Cell Phone _____
Date of Birth _____ Mother's Maiden Name _____
Address _____ City _____ State _____ Zip _____
Email Address _____ Place of Employment _____

Account Ownership

Designate the ownership of the accounts and responsibility for the services requested:

Single Party **Joint** **We** **Do** **Do Not Elect to create the right of survivorship**

We understand that by establishing a joint account under the provisions that 1)SBFCU may pay the money in the account to, or on the order of, any person named in the account and 2) If we elect to create the right of survivorship account, that upon the death of one joint owner the money remaining in the account will belong to the surviving joint owner(s) and will inheritance to heirs of the deceased joint owner or to be controlled by the deceased joint owner's will.

Joint Owner: _____ **SSN/TIN:** _____
Address _____ **Drivers License** _____
City/State/Zip _____ **Date of Birth** _____
Home Phone _____ **Email** _____
Place of Employment _____ **Work Number** _____
Cell Phone _____

Authorization

By signing this form, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings Fee Schedule, funds Availability Policy disclosure, if applicable, and to any amendment SBFCU makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the agreements 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 of and acknowledge receipt of the Electronic Funds Transfers Agreement and Disclosure. **The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Account Signature _____ **Date** _____

Joint Signature _____ **Date** _____

This Section For Credit Union Use Only

Received by: _____ Verified By: _____ Date _____
Approval: _____ Denial: _____ Reason _____