

Membership Application



(859) 367-1230 (800) 246-9112 information@kuefcu.com

Instructions

1

Complete both sides of the application.

2

Make sure to include two forms of ID, one being a valid government issued photo identification card (state driver's license, ID card, or passport).

Social Security Card may only be used for minors.

3

Mail, bring, or fax it to KUE FCU.

4

Include \$5 for the initial deposit to open your account and become a member, or set up Payroll Direct Deposit to have your \$5 waived.

MEMBER NUMBER _____

Primary Owner

Name _____

Birthdate _____ Soc. Security # _____

Address _____

City/State/ZIP _____

Primary Phone # _____ Alternate Phone # _____

Employer/Location _____ Eligibility _____

Email Address _____

Driver's Lic. # _____ Mother's Maiden Name _____

DOCUMENT VERIFICATION — FOR CREDIT UNION USE ONLY

Form of ID _____ Date of Issue _____

ID # _____ Date of Expiration _____

Joint Owner

Name _____

Birthdate _____ Soc. Security # _____

Address _____

City/State/ZIP _____

Primary Phone # _____ Alternate Phone # _____

Employer/Location _____ Eligibility _____

Email Address _____

Driver's Lic. # _____ Mother's Maiden Name _____

DOCUMENT VERIFICATION — FOR CREDIT UNION USE ONLY

Form of ID _____ Date of Issue _____

ID # _____ Date of Expiration _____

Joint Owner #2

Name _____

Birthdate _____ Soc. Security # _____

Address _____

City/State/ZIP _____

Primary Phone # _____ Alternate Phone # _____

Employer/Location _____ Eligibility _____

Email Address _____

Driver's Lic. # _____ Mother's Maiden Name _____

DOCUMENT VERIFICATION — FOR CREDIT UNION USE ONLY

Form of ID _____ Date of Issue _____

ID # _____ Date of Expiration _____

Join Today!

Mail KUE Federal Credit Union
One Quality Street
Lexington, KY 40507

Email information@kuefcu.com

Fax (859) 410-2155

Or Bring the completed application to KUE FCU.

Make sure to include: a copy of two forms of ID and \$5 deposit.

If address does not match government ID you must also include a piece of mail with matching address.

Accounts and Services

I authorize KUE FCU to establish the following for me:

- Savings Checking ATM/Debit Card Order Checks
 Online Banking Payroll Deduction Holiday/Vacation Club
 E-Statements I elect to receive my KUE FCU statement of account via email notification. I understand it is my responsibility to provide and maintain a valid email address to receive my statements.

Joint Share Account Agreement

KUE FCU is hereby authorized to recognize any of the signatures below in the payments of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit union as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them and payment to any of them or the survivor or survivors shall be valid and discharge said credit union from any liability for such payment.

Certification As To Taxpayer Identification Number and Backup Withholding

Under penalties of perjury, I certify **(1)** that the number shown on this form is my correct taxpayer identification number and **(2)** that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding, and **(3)** I am a U.S. citizen (including a U.S. resident alien).

Instructions to signer: Cross out item **2** above if the IRS has notified you that you are subject to backup withholding due to underreporting. Cross out item **3** and complete a W-8BEN if you are not a U.S. citizen.

Authorization

I authorize the credit union to obtain credit reports in connection with this application for credit, membership, and for any update, renewal or extension of credit received. If I request the credit union will tell me the name and address of any credit bureau from which it received a credit report on me. I understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications or membership applications made to KUE FCU insured by the National Credit Union Administration (NCUA). By signing below, I/we agree to the terms and conditions of membership. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein.

X _____
Legal Owner Signature Date

X _____
Joint Owner Signature Date

X _____
Joint Owner Signature #2 Date

Account Designation

Payable On Death (POD)/Trust Account

Beneficiary/(POD) Payee _____ Beneficiary/(POD) Payee _____
Street _____ Street _____
City/State/Zip _____ City/State/Zip _____

UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act)
Minor's SSN/TIN: _____

Agency **Agency only for HSA**
Print Name of Agent: _____
Signature: _____ Date: _____

Other _____



Take advantage of all our great services!

- New/Used Auto Loans
- Home Equity Loans
- Savings Accounts
- Checking Accounts
- IRAs and Certificates
- VISA Credit Card
- Christmas Club Accounts
- Online Banking
- Mobile Banking
- Plus, much more

Questions?

(859) 367-1230

(800) 246-9112

Email: information@kuefcu.com

Visit us online: www.kuefcu.com



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

For Credit Union Use Only
Approved by _____
Date _____