



## Membership Application

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### MEMBERSHIP/ACCOUNT AGREEMENT

You hereby apply for membership in the credit union and agree to conform to the bylaws and any amendments of the credit union, the terms and conditions of the share account and to pay the minimum deposit amount. You also agree to pay any charges or fees which may be required or assessed under such bylaws. Any account opened in more than one name shall be a joint account with right of survivorship. If you have established a joint account, all owners agree to the terms and conditions of the share account. Before your account is opened, we will ask you to sign a signature card and provide photo identification (Driver's License/State ID Card, passport, etc.). A copy of the account terms and conditions will be provided to you before the account is opened or a service is provided.

### **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

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 your name, address, date of birth and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

Please print your completed application and mail it to:

First Choice America Community Federal Credit Union  
3501 Main St.  
Weirton, WV 26062

or you may take the printed application to any branch office.

## PRIMARY ACCOUNT OWNER

First Name:

Initial:

Last Name:

Street Address:

Not P.O. Box

City:

State:  Zip Code:

Mailing Address:

City:

State:  Zip Code:

Home Phone #:  Work Phone #:

Please include area code for both

Date of Birth:

Employer:

Social Security Number or Tax ID Number:

Driver's License #:

Driver's License State:

Mother's Maiden Name (For Security Purposes):

Your email Address:

## JOINT ACCOUNT OWNER 1

First Name:

Initial:

Last Name:

Street Address:   
Not P.O. Box

City:

State:  Zip Code:

Mailing Address:

City:

State:  Zip Code:

Home Phone #:  Work Phone #:   
Please include area code for both

Date of Birth:

Employer:

Social Security Number or Tax ID Number:

Driver's License #:

Driver's License State:

## JOINT ACCOUNT OWNER 2

First Name:

Initial:

Last Name:

Street Address:   
Not P.O. Box

City:

State:  Zip Code:

Mailing Address:

City:

State:  Zip Code:

Home Phone #:  Work Phone #:

Please include area code for both

Date of Birth:

Employer:

Social Security Number or Tax ID Number:

Driver's License #:

Driver's License State:

**ADDITIONAL SERVICES** *Check if desired*

I am also interested in the following services:

- Checking Account
- ATM Card
- Visa Check Card (Debit Card)

By submitting this Internet application, I/we authorize First Choice America Community Federal Credit Union to obtain a consumer report and/or a credit report in conjunction with my/our request to:

- Open a Savings/Checking Account
- Obtain a VISA Check Card (Debit Card)
- Obtain an ATM Card

The opening of a savings/checking account and/or the issuance of a VISA Check Card or ATM Card is subject to the Credit Union's receipt of a consumer and/or credit report satisfactory to the Credit Union.

Subsequent Account Review: If my savings account has been opened with restrictions, I authorize the Credit Union to obtain subsequent consumer and/or credit reports during the term of my account to determine my eligibility for an unrestricted savings account, checking account, and/or VISA Check Card or ATM Card.