



1630 King Street
Alexandria, VA 22314
703-706-5000 800-296-8882

Account Signature Card

Thank you for opening your State Department Federal Credit Union account. Please sign this Account Signature Card and return it to us.

If you have single ownership of this account and would like to add a joint owner, please complete a new membership application.

Primary Owner: _____

Joint Owner: _____

Account Number: _____

I applied by: Online Branch Phone

I/We have applied for membership in the State Department Federal Credit Union. I agree to conform to its bylaws or any amendments thereof, rules, regulations, policies and applicable laws. I acknowledge receipt and agree to the terms and conditions of the Important Account Information disclosure booklet. I agree to be bound by the terms therein for each service used. I agree that additional accounts and services I request in the future will be governed by this agreement, as amended from time to time.

Primary Owner Signature: _____

Date: _____

Joint Owner Signature: _____

Date: _____

Print, sign and fax to 703-706-5001 or send by mail to State Department Federal Credit Union at the address shown above. You may also scan and email the form back to us at newaccounts@sdfcu.org.

A signed form must be received within 10 business days to ensure your account remains open and access of other services.