

USA Patriot Act – Important Information About 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.

**STATE DEPARTMENT FEDERAL CREDIT UNION**

Membership Account Number: \_\_\_\_\_

**MEMBER INFORMATION** (please print)

Full Name (First/Middle/Last) <input type="checkbox"/> M <input type="checkbox"/> F		Social Security Number/Tax I.D.	
Residential Street Address (No P.O. Box except FPO/APO)	City	State	Zip
Mailing Address (if different)	City	State	Zip
Driver's License No.	State Issued	Date of Birth (mm/dd/yyyy)	Home Phone Work Phone
Email Address		How did you hear about us?	
Employment Status: <input type="checkbox"/> Currently Employed <input type="checkbox"/> Retired		Are You A Contract Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Membership Eligibility: <input type="checkbox"/> I qualify for membership through my employer <input type="checkbox"/> I qualify for membership through my relationship with a member of SDFCU			
<input type="checkbox"/> Immediate Family — spouse, parent, child, sibling, grandparent, grandchild, stepparent, stepchild, stepsibling, or adoptive relationship			
<input type="checkbox"/> Household — persons living in the same residence maintaining a single economic unit.			
<input type="checkbox"/> ACC — The American Consumer Council provides membership eligibility to SDFCU and ACC.			
Sponsor's/Employer Name _____		Sponsor's SDFCU account number _____	
		Sponsor's/Employer Phone (____) - ____ - _____	

**OPEN ACCOUNTS**

- Savings Account** – We will deposit \$1.00 into your account to start you as a member.
- Overdraft Protection** – Funds transferred from your savings account when checking funds are unavailable. (Other options available.)

Please choose only one checking account.

- Basic Checking** – Free, no minimum balance checking
- Advantage Checking** – \$2,000 minimum balance interest checking\*
- Privilege Checking** – \$25,000 minimum balance, high rate interest checking\*

**ACCOUNT SECURITY** (optional)

We encourage members to have a password up to 9 characters for identification purposes.

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\* Personal Accounts Only. Interest calculated daily. Minimum \$200 Direct Deposit monthly. Must be signed up for online banking and statements.  
**Please Note:** Advantage Accounts are required to have ten posted debit card transactions monthly.

**A Personal Identification Number (PIN) will be issued to you for your Visa Debit Card, SDFCU Online and Account24 access.**

**PLEASE READ AND SIGN**

By signing below, I certify in accordance with the provisions of Section 3406(a)(1)(c) of the Internal Revenue Code and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown above is my correct identification number and that I am NOT, unless checked below, subject to backup withholding because I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failing to report all interests or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

**Check one: (required):**  I am a U.S. person (including U.S. resident Alien).  I am not a U.S. person (or U.S. resident Alien). I have completed IRS form W-8Ben.  
**Only check if either applies to you:**  I am subject to backup withholding.  I am exempt from paying taxes.

I/We hereby make application for membership in State Department Federal Credit Union and agree that my accounts with the Credit Union are and shall be governed by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure, Overdraft Protection (if applicable), and if an Access Card or EFT Service is requested, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. In addition, I agree to be bound by all of the Credit Union's by-laws and amendments there to which may be adopted from time to time by the Credit Union. I hereby authorize the Credit Union to obtain credit reports and investigations as it may deem necessary to establish my accounts and loans. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested herein.

**PRIMARY OWNER SIGNATURE**

**DATE**

**JOINT OWNER (Multiple Party with Survivorship)**

Full Name (First/Middle/Last)	Social Security Number/Tax I.D.	Driver's License No.	State Issued
Mailing Address (if different than primary owner)	City	State	Zip
Date of Birth (mm/dd/yyyy)	<b>JOINT OWNER SIGNATURE</b>		<b>DATE</b>

<b>FOR OFFICE USE ONLY</b>	Primary	Year	State	Record
	Employee	Date	Membership Off.	Date

**BRING TO ANY BRANCH LOCATION, OR MAIL TO SDFCU BRANCH SERVICES, 1630 KING STREET, ALEXANDRIA, VA 22314**