

Membership/Loan Application

Member Information

I am interested in:

<input type="checkbox"/> Organizational VISA: Organization's name _____	Designate ownership of the accounts (see back for definitions)
<input type="checkbox"/> Checking <input type="checkbox"/> Vehicle Loan	<input type="checkbox"/> Individual
<input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Real Estate Loan	<input type="checkbox"/> With Survivorship <input type="checkbox"/> Without Survivorship
<input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____	

Member Name _____ **Joint Owner Name** _____

Mailing Address _____ Mailing Address _____

City/State/Zip _____ City/State/Zip _____

Physical Address _____ Physical Address _____

Phone Numbers: Work _____ Ext. _____ Phone Numbers: Work _____ Ext. _____

Home _____ Cell _____ Home _____ Cell _____

Email _____ Email _____

I certify that I am a Citizen or Permanent Resident of the US SSN/TIN _____ Birth Date _____

I certify that I am a Citizen or Permanent Resident of the US SSN/TIN _____ Birth Date _____

ID Number _____ State _____ Issued By _____ ID Number _____ State _____ Issued By _____

Issue Date _____ Expiration Date _____ Issue Date _____ Expiration Date _____

Mother's Maiden Name _____ Mother's Maiden Name _____

I am Active Military or Spouse or Dependent of someone who is Active Military. Employer _____ Annual Gross Income _____

I am Active Military or Spouse or Dependent of someone who is Active Military. Employer _____ Annual Gross Income _____

Years of Service _____ Own/Rent _____ Years of Service _____ Own/Rent _____

Mortgage/Rent Payment _____ Yrs at residence _____ Mortgage/Rent Payment _____ Yrs at residence _____

Beneficiaries

Name _____	Name _____
DOB _____	DOB _____
SSN/TIN (optional) _____	SSN/TIN (optional) _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Cell Phone _____	Cell Phone _____

Funding

A \$5 minimum deposit is required on all new memberships. You may include a check made payable to Signature FCU, or you may provide a credit/debit card number for processing.

I have included a check of at least \$5 payable to Signature FCU

Please charge my credit/debit card and post the funds to my new account in the amount of \$ _____

Credit/Debit card # _____ Expiration Date _____ CVV# _____

Would you like to receive updates and notifications by email/text message? Yes No

*** A legible copy of a government issued ID is required for all account signors. You can upload a copy to www.signaturefcu.org/upload or email to: newaccounts@signaturefcu.org. You also may mail a copy along with this application.**

Credit Union Routing Number: 254074934

Under penalty of perjury, I certify that (1) the tax identification number (social security number) shown on this form is my correct taxpayer identification number and (2) I am not subject to backup withholding 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 (3) the IRS has notified me that I am no longer subject to backup withholding.

Check this box if you are subject to backup withholding tax.

Signatures

I hereby make application for membership in and agree to conform to the bylaws as amended of the Signature Federal Credit Union. By signing below, I hereby authorize the Credit Union to pull a credit report for the purpose of obtaining credit. Complete account disclosures will be mailed upon account approval. All new account information will be verified.

Your accounts at Signature Federal Credit Union are federally insured up to \$250,000 by the National Credit Union Administration (NCUA).

If this is an application for joint credit, Borrower and Co-Borrower each agree that they intend to apply for joint credit.

Member Signature _____ Date _____

Joint Owner Signature _____ Date _____



**Federally insured
by NCUA**



Membership Application

USA Patriot Act

To help the government fight the funding of terrorism and money laundering activities, Federal laws require 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 for your name, address, date of birth, driver's license or other identifying documents, and other information that will allow us to identify you.

We ask for your patience and understanding. Please remember this is a mandatory requirement and we must comply for your protection and the protection of our Country.

Definitions

Individual: Upon your death, the account passes as part of your estate under your will, trust, or by intestacy. If selected, do not complete the joint ownership section.

Joint account with Survivorship: Upon the death of a party having ownership in the account, the deceased party's ownership passes to the surviving party (ies) of the account.

Joint Account without Survivorship: Upon the death of a party having ownership in the account, the deceased party's ownership is considered part of the decedent's estate under the decedent's will, trust, or by intestacy.

Signature Federal Credit Union

Open End Account Disclosure

Interest Rates and Interest Charges

Annual Percentage Rate (APR) for purchases, cash advances, balance transfers, and convenience checks	Signature	8.70%
	Platinum	8.90% - 13.90%
	Gold	10.90% - 15.90%
	Classic	11.90% - 16.90%
	Student	7.99% - 12.99%
	APR when you open your account based on your credit worthiness¹	
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.	
Minimum Interest Charge	None	
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore	

Fees

Annual Fee	None
Transaction Fees	None
Penalty Fees	
<ul style="list-style-type: none"> Late Payment Over-the-Credit Limit Returned Payment 	Up to \$30 Up to \$25 Up to \$30

How We Will Calculate Your Balance: We use a method called "Average daily balance (including new purchases)." See your agreement for more details.

¹ Rates are based on an evaluation of applicant credit. Your actual APR will be disclosed at time of credit approval. Not all applicants will qualify for the lowest rate.

