



NEW MEMBERSHIP CARD

Welcome to Roswell Credit Union

Eligibility:

- ❖ Live, work, attend school, or worship in Chaves, De Baca, Eddy, Lincoln, or Roosevelt Counties
- ❖ Be a family member of any current Roswell Credit Union member no matter where you live

The Membership Card:

Complete both sides of the membership application. You may include a joint owner. We recommend that you include a person to be a POD (payable on death). Be sure to have the form signed by all owners.

Driver's License(s):

Please provide a clear color copy of your driver's license(s). Proper government issued ID is required for all account owners.

Opening Deposit:

The minimum amount to open your savings account is \$25.00. We can debit your account anywhere for the deposit to your new account. You can fill out the Debit Authorization form to transfer funds to your account on a regular basis. Or, mail a check to the address below. We can also take a debit or credit card and fund your new savings account as a cash advance. (Fees may apply from card issuer)

Completed Membership Application:

Please mail membership card, copy of driver's license(s), and opening deposit to

Roswell Credit Union
2514 N Main St
Roswell NM 88201

Fax: 575.622.2340

Email: info@roswellcu.org

NAME: _____ Acct# _____

ROSWELL COMMUNITY FCU
2514 N. Main St. • Roswell, NM 88201
575-623-7788 Voice 575-622-2340 Fax

ACCOUNT CARD

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

- | | |
|---|--|
| <input type="checkbox"/> Share /Savings _____ | <input type="checkbox"/> Checking: _____ |
| <input type="checkbox"/> Share /Savings 2 _____ | <input type="checkbox"/> Money Market: _____ |
| <input type="checkbox"/> Share Certificate / CODs _____ | <input type="checkbox"/> Other: _____ |

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the MEMBER APPLICATION AND OWNERSHIP INFORMATION section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

PRIMARY MEMBER: _____ Mother's Maiden Name _____
 Address: _____
 Home Phone: _____ Work Ph: _____ Cell Ph: _____
 Date of Birth: _____ Social Security Number: _____
 Membership Eligibility: _____ Employer: _____
 Email: _____ Driver's Lic # _____ ST: _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number (Social Security Number), 2) I am not subject to backup withholding because I am exempt from backup withholding or I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or the IRS has notified me that I am no longer subject to backup withholdings, and 3) I am a SU Person (including a SU resident alien) OR if I mark this box, I am subject to backup withholdings.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures, Funds Availability Policy Disclosures, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the Electronic Funds Transfer Agreement and Disclosures. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

X _____	X _____
Signature date	Signature date
X _____	X _____
Signature date	Signature date

ACCOUNT SERVICES

- Payroll Deduction / Direct Deposit ATM Card Overdraft Protection
 Debit Card Internet Banking and / or Bill Pay Services

ACCOUNT OWNERSHIP

- Individual Joint Account with Rights of Survivor Joint without Right of Survivor

IF JOINT:

1. JOINT MEMBER: _____ Mother's Maiden Name _____
 Address: _____
 Home Phone: _____ Work Ph: _____ Cell Ph: _____
 Date of Birth: _____ Social Security Number: _____
 Membership Eligibility: _____ Employer: _____
 Email: _____ Driver's Lic # _____ ST: _____

2. JOINT MEMBER: _____ Mother's Maiden Name _____
 Address: _____
 Home Phone: _____ Work Ph: _____ Cell Ph: _____
 Date of Birth: _____ Social Security Number: _____
 Membership Eligibility: _____ Employer: _____
 Email: _____ Driver's Lic # _____ ST: _____

ACCOUNT DESIGNATIONS

- Payable on Death (POD) / Trust Account
- Beneficiary/POD Payee: _____
 Address: _____
- Beneficiary/POD Payee: _____
 Address: _____
- UTMA/UGMA (as custodian for) _____ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's SSN _____
- Agency Agent only for HSA Print Agent Name: _____
 Signature of Agent: _____ date: _____
- Other : _____