Federally Insured by NCUA, Equal Housing Lender

Checking/Savings Account Application

First Name: Last Name:

Submitted on:

Privacy Policy:
Our privacy policy protects the privacy of your personally-identifying information that you provide us online.

Account Holders must reside in Nueces or Cameron County, in the state of Texas.

Important Information about Procedures for Opening a New Account
Identification Procedures Requirements: 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 for 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.
Security Notice:
You should ONLY fill out this Application on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now.

Instructions:
1. Complete Application and click "Submit Application".
2. To safeguard your privacy, QUIT your browser and restart it again after using this form. This form is NOT saved in your computer's memory when you quit your browser.
3. We will contact you with the location of our closest office for you to sign a signature card. You may also be requested to provide photocopies of your Social Security card and Driver's License, or other documentation.

Primary Account Holder Information

First Name	Middle Initial	Last Name

Date of Birth	Social Security No.

Driver's License No.	Driver's License State

Cell Phone	Home Phone	Work Phone

Address Information (required)	Address Line 1 Address Line 2 City State ZIP Code

Place of employment (required)	
Mothers Maiden Name (required)	

Joint Account Holder Information

First Name	Middle Initial	Last Name

Date of Birth	Social Security No.

Driver's License No.	Driver's License State

Cell Phone	Home Phone	Work Phone

Address Information	Address Line 1 Address Line 2 City State ZIP Code
Place of employment	
Mothers Maiden Name	

Account Titling Information

(required)	◯ Individual ◯ Joint
Will there be a Payable on death beneficiary? (required)	☐ Yes ☐ No
Payable on death beneficiary Information (required)	Name (First & Last) Social Security No.

I/We would like to open the following account(s) and/or product(s):

Checking Accounts	☐ Regular Checking ☐ Student Checking ☐ 50 Plus Checking (For ages 50 and up)
Savings Accounts	☐ Regular Savings ☐ Kids Klub Savings ☐ Money Market

Visa Check Card (required)	☐ Yes ☐ No
Would you like to Opt-In your Visa Check Card? (required)	☐ Yes ☐ No
Would you like Online Banking with E-Statements? (required)	☐ Yes ☐ No
EMail Address (required)	

By submitting this application, I (each person jointly and severally) apply for the account(s) and Check card(s) listed above and a personal identification number. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I certify that all information given is correct. I understand and agree that for all accounts for / or, any one of us opens in the future is governed by this application, and all persons listed here will be owners, except as provided as follows: If I wish an account to have (as applicable) fewer, additional, or different owner(s), a completed, signed application for the specific account must be submitted to and accepted by Members First Credit Union.

I agree to the terms and conditions for any accounts or services that I have now or in the future, and as they change from time to time. I agree at any time you may request information from others about my credit or accounts and that you provide to others experience information about me or my accounts with Members First Credit Union.

(required)	☐ I/We AGREE with the above statements