

Account Ownership		Application Purpose	
<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account		<input type="checkbox"/> New Account <input type="checkbox"/> Joint Change	
Membership Information			
Primary Member Name (First, Middle Initial, Last)		Social Security Number	Date of Birth
Mailing Address		City	State and Zip
Residential Address (If different than mailing address)			Mother's Maiden Name
Mobile Phone	Home Phone	Email Address	
Work Phone		Driver's License Number/State/Issue Date/Expiration Date	
Membership Eligibility			
Applicant's Employer/Position		Location/School/Campus (if applicable)	
Sponsoring Family Member Name (if applicable)		Sponsor's Account Number/Student Name	Relationship to Applicant
<input type="checkbox"/> I wish to enroll as a member of the Support Education Foundation, Inc. I certify that I'm eligible for membership as described on the SupportEducation.org website. Foundation membership is established by making a minimum contribution of \$15. The Support Education Foundation is a 501(c)(3) organization affiliated with Educational Systems FCU. I understand that information I provide to either entity may be shared with the other. View the Foundation's Privacy Notice at SupportEducation.org/privacy and the Credit Union's Privacy Notice at esfcu.org/privacy.			
<input type="checkbox"/> I am an existing member of the Support Education Foundation.			
Joint Owner Information			
Joint Owner Name (1) (First, Middle Initial, Last)		Social Security Number	Date of Birth
Mailing Address		City	State and Zip
Mother's Maiden Name		Employer/Position	
Driver's License Number/State/Issue Date/Expiration Date	Mobile Phone	Home Phone	Work Phone
Joint Owner Name (2) (First, Middle Initial, Last)		Social Security Number	Date of Birth
Mailing Address		City	State and Zip
Mother's Maiden Name		Employer/Position	
Driver's License Number/State/Issue Date/Expiration Date	Mobile Phone	Home Phone	Work Phone
Courtesy Pay Authorization		Payable on Death	
<input type="checkbox"/> I <u>do not want</u> Educational Systems FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.		<input type="checkbox"/> I have a Payable on Death.	
<input type="checkbox"/> I <u>want</u> Educational Systems FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.		(Complete a designation form.)	
Certification of Taxpayer Identification			
I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN) shown is my correct identification number. I am indicating below that I am or I am not subject to backup withholding according to IRS regulations.			
<input type="checkbox"/> I am <input type="checkbox"/> I am not    Subject to Backup Withholding <input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I am a Resident Alien <input type="checkbox"/> I am a Non-Resident Alien (complete form W-8 ben)			
The Internal Revenue Services does not require your consent to any provision of this document other than certifications required to avoid backup withholding.			
Signatures			
I/we hereby apply for membership with Educational Systems FCU and agree: a) to its bylaw, Federal Credit Union Act, NCUA Rules and Regulations and any amendment; b) to subscribe to share (savings) account agreements, adhering to balance requirements, which includes transferring funds between accounts to meet minimum balance requirements in each account; c) to all terms/agreements/fees pertaining to any account opened; that are adopted and amended by the Credit Union; d) that the Credit Union may use any credit reporting agencies or other sources to verify the information on this application, any other application I/we submit to the Credit Union, and other information regarding my credit history and account performance, for the purpose of the Credit Union extending credit, evaluating my/our creditworthiness, and other services. I/We understand these reports may be used in decisions to deny account applications, close accounts and/or restrict accounts or services. If requested, the Credit Union will tell me/us the name and address of any reporting agency from which it receives a credit report on me/us; and e) if joint owners or convenience persons are on this account, any sub accounts are also opened under this general account and it shall be presumed that such accounts are also intended as such. I/we further certify that I/we are eligible for membership with Educational Systems FCU. I/we understand the Credit Union has published an Electronic Funds Transfer Agreement and Disclosure, Membership Account Agreement and a Privacy Notice. Disclosures are available for review at esfcu.org/Disclosures. I/we acknowledge that the Truth in Savings disclosures for Savings and Checking Accounts have been furnished to me/us by the Credit Union, and its terms are incorporated as part of this agreement. If applying for membership by mail or fax, I/we understand that these disclosures will be mailed to me/us within ten business days of receipt of this application. I/we further agree that if I/we use Educational Systems FCU's Online Service to enroll in Bill Pay, I/we are also fully responsible for all payments from my/our checking account. This agreement supersedes any previous account agreements.			
Primary Member Signature		Date	
Joint Owner (1) Signature		Date	
Joint Owner (2) Signature		Date	
For Credit Union Use Only			
Date of New Account		Opened By	
Equifax		Membership Officer/Quality Control	
OFAC			
<input type="checkbox"/> Account Note <input type="checkbox"/> Card Ordered <input type="checkbox"/> Checks <input type="checkbox"/> Direct Deposit <input type="checkbox"/> ART <input type="checkbox"/> Premium Courtesy Pay			