

# FIRST SOUTH CU NEW MEMBER APPLICATION FOR COMPANY ENROLLMENT

MEMBER NO. \_\_\_\_\_

**NOTE: YOU MUST PROVIDE A COPY OF YOUR PHOTO ID AND YOUR SOCIAL SECURITY CARD WHEN SUBMITTING THIS APPLICATION. FORMS SUBMITTED WITH OUT COPIES OF THE REQUIRED ITEMS WILL NOT BE PROCESSED. THANK YOU!**

## MEMBER INFORMATION

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employment \_\_\_\_\_

Driver's License Number and State (ID) \_\_\_\_\_

## JOINT MEMBER INFORMATION

Joint Member Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employment \_\_\_\_\_

Driver's License Number and State (ID) \_\_\_\_\_

## BENEFICIARY INFORMATION ( to be completed if there is no joint member)

Beneficiary Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State and ZIP code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## FREE ESTATEMENTS

**eStatement Agreement-** by providing my e-mail address, I elect to obtain my account information online.

Email Address \_\_\_\_\_

# MEMBERSHIP APPLICATION AGREEMENT

By signing below, I/we hereby make application for membership in First South Credit Union and agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure and Electronic Funds Transfer Agreement and to any amendments, modifications, and additions the credit union makes from time to time. I/we acknowledge receipt of a copy of all Agreements and Disclosures for all accounts and services. By submitting this application I/we consent to allow the credit union to obtain my credit report at the discretion of the credit union and without notice. Additional copies of the account agreements and disclosures are available upon request. I/we consent to opt-in for the overdraft privilege service if/when my account is eligible. This service will provide a safety net for unexpected incidents or for emergencies when the funds in my checking account are not adequate to cover transactions such as; ATM, debit, checks, and other types of debits to my account. I have reviewed and fully understand the fees associated with this program. I certify that I am eligible for membership by living, working, worshipping or attending school in Shelby, Tipton, Fayette, DeSoto, Marshall, Tate or Tunica counties; or have a relative who is a member.

First South Credit Union is hereby authorized to recognize any one of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account which includes all subsidiaries and services (with the exception of IRA accounts) attached to it which may be created by FSCU now or in the future upon request of said member or joint member(s). The joint members of this account hereby agree with each other and with FSCU that all sums now paid on shares, or heretofore or hereafter paid on shares, by any or all of said joint members are and shall be owned by them jointly, and be subject to the withdrawal or receipt of any one of them and payment to any one of them or their survivors shall be valid and discharge FSCU from any liability for such payment.

**Under penalties of perjury, I certify that:**

- (1) The social security number shown on this form is my correct taxpayer identification number,
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including a U.S. resident alien)

**Certification Instructions:** Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

<b>X</b> _____	
<b>MEMBER Signature</b>	<b>Date</b>
<b>X</b> _____	
<b>JOINT MEMBER Signature</b>	<b>Date</b>

Please check the boxes for the accounts you wish to open with First South. If your employer offers payroll deduction or direct deposit, please indicate the amounts you would like your employer to deposit into your First South accounts each

**I wish to open the following accounts:**

**Payroll deduction/direct deposit amts:**

- |   |                         |
|---|-------------------------|
| <input type="checkbox"/> Savings (required for all members) | \$ _____ per pay period |
| <input type="checkbox"/> Checking                           | \$ _____ per pay period |
| <input type="checkbox"/> Christmas Club                     | \$ _____ per pay period |
| <input type="checkbox"/> Vacation Club                      | \$ _____ per pay period |

<b>Card Access for my First South Accounts:</b>  <input type="checkbox"/> VISA debit card for CHECKING/SAVINGS ACCOUNT ACCESS
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**Do you want to order checks for your checking account (please circle one)? YES or NO**

Your checks will be printed using the name and address provided on this application and mailed to the address provided. **We do not print phone numbers or Social Security numbers on checks.**

**COPY OF PHOTO ID – PRIMARY MEMBER**  
(please also submit a copy of your social security card)

**COPY OF PHOTO ID – JOINT MEMBER**  
(please also submit a copy of your social security card)