NEW ACCOUNT APPLICATION

ACCOUNT NO._____

MEMBER INFORMATION

Full Name	Date
Birth Date	Social Security Number
Mailing Address	Mother's Maiden Name
City, State, Zip	
Home Phone	Work Phone
Email Address 🔲 eStatement Agreement – I elect to obtain	n my FSFCU account information online Cell Phone
Employment	Driver's License Number and State (ID)
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JOINT MEMBER(S) INFORMATION	N
Joint Member (1) 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)
Joint Member (2) 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

Beneficiary Name

Birth Date

Beneficiary Name

Birth Date

Beneficiary Name

Birth Date

Social Security Number

Social Security Number

Social Security Number

OVERDRAFT SERVICES

I/we consent to opt-in for the overdraft services on my account.

\Box Opt IN \Box Opt OUT

MEMBERSHIP APPLICATION AGREEMENT

By signing below, I/we hereby make application for membership in First South Financial 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 and agree to abide by the terms therein. 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 certify that I am eligible for membership by living, working, worshiping or attending school in Shelby, Tipton, Fayette, Madison, Dyer, DeSoto, Marshall, Tate or Tunica counties; or have a relative who is a member.

First South Financial 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 FSFCU now or in the future upon request of said member or joint member(s). Each account owner (joint) is equally responsible for all aspects of account ownership. The joint members of this account hereby agree with each other and with FSFCU 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.

<u>X</u> MEMBER Signature

Date

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JOINT MEMBER (1) Signature

Date