

EMPLOYEES FEDERAL CREDIT UNION MEMBER INFORMATION

PRIMARY OWNER:

Primary Owner Name: _____
SS#: _____ Date of Birth: _____

Physical Address: _____ Mailing Address: _____

Time at Address: _____

Home#: _____ Cell#: _____
Work#: _____ Email: _____
Employment: _____ Job Title: _____
Date of Employment: _____ Privacy Code: _____

How did you hear about EFCU: Work Family/Friend Media Other: _____

JOINT OWNER:

Joint Owner Name: _____
SS#: _____ Date of Birth: _____

Physical Address: _____ Mailing Address: _____

Home#: _____ Cell#: _____
Work#: _____ Email: _____
Employment: _____ Job Title: _____
Date of Employment: _____

The undersigned agree(s) that all information is accurate and authorize(s) the financial institution to verify credit and employment history by any necessary means, including preparation of a consumer report by consumer reporting agency.

_____ I do not wish to receive a copy of my credit report.
_____ If a credit report is obtained, please have a free copy sent to me.

HOW CAN WE HELP YOU:

Savings Checking Christmas Club Money Market Certificate of Deposit
 YES- Youth Savings Account Internet Banking Overdraft Protection IRA Savings

STATEMENT PRODUCTION:

E-Statements Printed Statements

Primary Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____