



APPLICATION FOR MEMBERSHIP

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

Physical Address: _____ Mailing Address: _____

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

Beneficiary Information

Beneficiary Name: _____ Phone #: _____
Date of Birth: _____ Social Security#: _____
Address: _____ City: _____ State: _____ Zip: _____

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
[] Debit Card [] ATM Card

STATEMENT GENERATION:

[] E-Statements (must elect internet banking and have a valid email address) [] Printed Statements

Primary Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____