



EPISCOPAL FEDERAL CREDIT UNION

A division of the United Methodist Federal Credit Union

A Division of United Methodist
Federal Credit Union
PO Box 60651
Montclair, CA 91763-1126
1-800-245-0433

Church/Corporate Membership/Account Application

Account # _____ New Update

We, _____
(Name of Church or Organization) hereby apply for membership in Episcopal Federal Credit Union with this application and certify that we qualify for membership based on the relationship stated below.

The Name of the Account is: _____

ELIGIBILITY

We are eligible to join Episcopal Federal Credit Union because:

We are a Episcopal church or related organization within the Episcopal Diocese of Arizona.

Regional Affiliation _____

We are an affiliated organization.

Referred by: _____

1 GENERAL INFORMATION

Business Address _____
Street City State Zip Code

Business Telephone (_____) _____ Corporate Unincorporated Association

Current President or Executive Officer _____

Home Address _____
Street City State Zip Code

Home Telephone (_____) _____ E-mail _____

Account Statement Mailing Address _____
Street City State Zip Code

Current Directors or Officers:	Name	Address	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This organization is is not incorporated, and was organized on _____
We hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of Episcopal Federal Credit Union. We acknowledge receipt of the Account Agreement, Disclosure for Electronic Services, Truth-In-Savings, and the Fee Schedule and agree to be bound by their terms. Our signature(s) below and use of the account will confirm my agreement to be bound and my acceptance of the Agreement.

Name _____ Title _____

Signature **X** _____

Certified copy of resolution received *OR* Certified copy of Fictitious Business Name Statement received

2 MEMBERSHIP OPTIONS (OPENING DEPOSIT)

- MEMBERSHIP FEE \$ 5.00
 - CORPORATE SAVINGS ACCOUNT (\$25 minimum, if Savings only; \$100 with other services) \$ _____
 - CORPORATE CHECKING ACCOUNT (\$25 minimum) \$ _____
 - CORPORATE MONEY MARKET MULTIPLIER ACCOUNT (\$2,000 minimum) \$ _____
 - CERTIFICATE (\$1,000 minimum) Term (6 to 60 months) \$ _____
- CALL FOR CURRENT RATES**
- TOTAL INITIAL DEPOSIT (Including \$5.00 membership fee – if applicable) \$ _____

3 CORPORATE I.D. NUMBER : -

Certification: Under penalties of perjury, we certify that (1) The number shown on this form is our correct Taxpayer Identification Number (or we are waiting for a number to be issued to us), and (2) We are not subject to backup withholding because (a) We are exempt from backup withholding, or (b) We have not been notified by the Internal Revenue Service (IRS) that we are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified us that we are no longer subject to backup withholding. We must cross out item (2) above if we have been notified by the IRS that we are currently subject to backup withholding because of underreporting interest or dividends on our tax return.

X _____
Signature for Certification of Tax I.D. Number Date

(more on back)

4 Episcopal Federal Credit Union may act on the written instructions of any (#) _____ of the persons named below to make withdrawals and transfers from this account:

Print Name	Signature	Social Security Number
Daytime Phone Number	Drivers License Number	
Print Name	Signature	Social Security Number
Daytime Phone Number	Drivers License Number	
Print Name	Signature	Social Security Number
Daytime Phone Number	Drivers License Number	
Print Name	Signature	Social Security Number
Daytime Phone Number	Drivers License Number	
Print Name	Signature	Social Security Number
Daytime Phone Number	Drivers License Number	

When accepting written instructions, Episcopal Federal Credit Union will require the following identifying information: Authorized signatures, name of the account from which the funds are to be transferred or withdrawn, the amount of the transaction and, if a transfer, the number to which funds are to be transferred. This authorization shall remain in effect until EFCU has received a written change or cancellation.

Printed Name of Organization's Chairperson _____ Signature _____ Date _____

SHADED AREA FOR CREDIT UNION USE.

ACCOUNT NUMBERS

Date _____ Application approved by _____

FOR CREDIT UNION USE ONLY

MEMBERSHIP QUALIFICATION:
 CHURCH AFFILIATED ORGANIZATION

Documentary Method Used (Other than Driver's License)*
 Type of Document: _____ ID No: _____
 Place of Issuance: _____
 Date of Issuance: _____ Expiration Date: _____

Non-Documentary Method Used: _____
 Results: _____

Description of Resolution of Any Substantive Discrepancy: _____

ID Verified By (Print Name): _____ Title: _____
 Signature: X _____ Date: _____

Application Approved By (Print Name): _____ Title: _____
 Signature: X _____ Date: _____

	OPENED / ORDERED BY	DATE
CORP. SAVINGS	_____	_____
ONLINE BANKING	_____	_____
CORP. / CHECKING	_____	_____
CHEXSYSTEMS	_____	_____
OFAC	_____	_____
CORP. MONEY MARKET	_____	_____
CERTIFICATE	_____	_____
LOC \$ _____	_____	_____
WFB DEPOSIT SLIPS	_____	_____
CHECKS	_____	_____

CORPORATE SIGNERS (NAME)	OFAC / CHEXSYSTEMS (RECORD)
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____