



**South Florida Educational  
Federal Credit Union**  
*Earn "extra credit" with your membership.*

**\*Box E - [Complete below if mailing address and home address are different.]**

Residence Address (if different from mailing address): \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please mail me information on the following services:

**Scholarship Information**       **Auto Buying Service**       **Visa Credit Card**

**For South Florida Educational Federal Credit Union Use Only:**

FL DL #:  / FL State ID:  / Other:  Specify: \_\_\_\_\_

Driver's License/Student ID #: \_\_\_\_\_

ID Issue Date: \_\_\_\_\_ ID Expiration Date: \_\_\_\_\_

DL Address (if different from mailing/residence address): \_\_\_\_\_

Verified By: \_\_\_\_\_ Branch/Teller: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print your name clearly)

**Back Office Use Only:**

Does the mailing address match the School Board Records?  Yes  No Teller # & Initials: \_\_\_\_\_

OFAC Teller # & Initials: \_\_\_\_\_

Credit Union TELEPIN 6 DIGIT #: \_\_\_\_\_ Teller # & Initials: \_\_\_\_\_

# SOUTH FLORIDA EDUCATIONAL FEDERAL CREDIT UNION (SFEFCU)\*



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## STUDENT ACCOUNT SIGNATURE CARD

{Complete yellow highlighted areas}

(Member Group: \_\_\_\_\_)

Account Number (Will be assigned by Credit Union)	<b>Name</b>	<b>Date of Birth</b>	<b>Today's Date</b>  ____ / ____ / ____
<b>Social Security Number</b>	<b>Email Address</b>	Authorization #	Type of Action <b>NEW STUDENT ACCOUNT 15+</b>

I hereby apply for membership in SOUTH FLORIDA EDUCATIONAL FEDERAL CREDIT UNION and authorize the following account(s) opened:

- SAVINGS   
  STUDENT CHECKING   
  ATM CARD /  DEBIT CARD (checking)   
  ONLINE BANKING   
  [Our mobile app is available  
FREE at the Apple Store].

### REVOCABLE BENEFICIARY DESIGNATION

(Person(s) who will receive your money left in your account(s) in case of your untimely death, example: parent, children, sibling, etc.)

Name	Address	Birth Date	Relationship	Percent = 100%

This beneficiary designation may be altered only on the form provided by SFEFCU. Upon the death of the individual account owner, the entire account balance shall be payable to the surviving beneficiary(ies) as set forth above, subject to SFEFCU's right to set off any sums due to SFEFCU by the owner or a beneficiary. If there is more than one beneficiary and the percentage due is not filled in for one or more, the balance will be distributed first in accordance with any written percentages and any remaining balance will be divided evenly among any remaining beneficiaries not showing a set percentage. If the written percentages of the surviving beneficiaries total greater or lesser than 100%, the balance will be distributed not as percentages but by using the written numbers as proportions of the actual total.

<b>School Student ID#</b>	<b>Home phone number</b>
Name of School  <div style="text-align: center;">High School</div>	<b>Work phone number</b>
<b>Work Location</b> (leave blank if you do not have a job)	<b>Mobile/Cell Phone number</b>
<b>Position</b> (leave blank if you do not have a job)	<b>Your Mother's Maiden Name</b> (this is a security question only)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. **TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION:** "Under the penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number, (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue (IRS) has notified me that I am no longer subject to backup withholding and that I am a U.S. person. **By signing below, I certify that the information I have given for Credit Union membership is true and that the Credit Union is authorized to make whatever inquiries it deems necessary of others to verify my eligibility.** I agree to the terms and conditions of the Membership and Account Agreement, Share Account Rate and Fee Schedule, Electronic Funds Transfer Disclosure, and to any amendments SFEFCU makes from time to time which are incorporated herein. I agree to the terms and conditions set forth by the Credit Union.

<b>e) Sign Here</b>	<b>Date Signed</b>  ____ / ____ / ____
<b>*Mailing Address:</b> _____ City _____ State _____ Zip Code _____	

\* If your home address and mailing address are different please use the reverse side of this form for your mailing address - [Box E].