Catholic Family Federal Credit Union

Membership Application

Membership Qualification: _____

Account Types

Draft: ___ yes ___ no

Savings: ___ yes ___ no

Member #: _____

Primary Applicant

Social Security Number: _____-_____-_____   **First Name:** _____

Middle Name: _____   **Last Name:** _____

Email Address: _____   **Home Phone:** _____-_____-_____

Street Address: _____   **Street Address:** _____

City: _____   **State:** _____

Zip: _____   **Country:** _____

Date of Birth: _____/_____/_____   **Drivers License:** _____

Employer: _____   **Work Phone:** _____-_____-_____

Name of Supervisor: _____

Secondary Applicant

Social Security Number: _____-_____-_____   **First Name:** _____

Middle Name: _____   **Last Name:** _____

Email Address: _____   **Home Phone:** _____-_____-_____

Street Address: _____   **Street Address:** _____

City: _____   **State:** _____

Zip: _____   **Country:** _____

Date of Birth: _____/_____/_____   **Drivers License:** _____

Employer: _____   **Work Phone:** _____-_____-_____

Name of Supervisor: _____

Pay On Death:

Authorization Notice: By submitting this application to the credit union, you certify that everything you have stated in this application is correct to the best of your knowledge. You understand that the credit union will rely on the representations you make in this application when deciding whether to grant membership. You agree to immediately notify us of changes to any of the information you have provided in this application. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications made to Credit Unions or State Chartered Credit Unions insured by NCUA.

IMPORTANT INFORMATION: PROCEDURES FOR OPENING A NEW ACCOUNT To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____