



United Methodist Federal Credit Union  
 PO Box 60651  
 Montclair, CA 91763-1126  
 1-800-245-0433  
 memberservices@umfcu.org

**Church/Corporate  
 Membership/Account Application**

**United Methodist  
 FEDERAL CREDIT UNION**

Account # \_\_\_\_\_  New  Update

We, \_\_\_\_\_  
(Name of Church or Organization) hereby apply for membership in United Methodist 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 United Methodist Federal Credit Union because:

We are a United Methodist church or related organization.

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 UNITED METHODIST 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** \_\_\_\_\_

**2 MEMBERSHIP OPTIONS (OPENING DEPOSIT)**

- MEMBERSHIP FEE**..... \$ \_\_\_\_\_
- CORPORATE SAVINGS ACCOUNT** (\$25 minimum, if Savings only; \$100 with other services)..... \$ \_\_\_\_\_
- CORPORATE CHECKING ACCOUNT** (\$25 minimum) ..... \$ 5.00
- 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

United Methodist 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, United Methodist 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 UMFCU has received a written change or cancellation.

Printed Name of Organization's Chairperson	Signature	Date
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<b>SHADED AREA FOR CREDIT UNION USE.</b>	<b>ACCOUNT NUMBERS</b>
Date _____ Application approved by _____	_____

**FOR CREDIT UNION USE ONLY**

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**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) _____	_____