

Membership/Loan Application



1. Complete and mail application.
2. In accordance with the USA PATRIOT Act, we require you to include 1 form of unexpired government-issued photo identification such as a Driver's License, State ID, U.S. Passport, Military ID or Resident Alien Card. Please note, if the address shown on the ID does not match your current address, we will require additional identification in the form of a residential utility bill.
3. Include a copy of identification (same as above) for any joint signers.

4. Include a check or money order: \$5 to open a Membership (savings) account or \$30 to open a Membership (savings) account and a Checking account.

Return completed application, copies of identification and check or money order to: **IBM Southeast EFCU, P.O. Box 5090, Boca Raton, FL 33431-0890**

Contact us at 800.873.5100, 561.982.4700 or serviceplus@ibmsecu.org for assistance.

Membership (savings account required with \$5 minimum deposit) Free Checking account (\$25 minimum deposit)

PLEASE PRINT

PRIMARY MEMBER #
(IF ALREADY A MEMBER)

SOCIAL SECURITY #		NAME FIRST		M.I.	LAST		RESIDENTIAL ADDRESS REQUIRED (NO POST OFFICE BOXES)				
CITY	STATE	ZIP CODE		MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	STATE	ZIP CODE		
BUSINESS PHONE		EXT#	HOME PHONE		EMAIL ADDRESS			DATE OF BIRTH		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
COMPANY/ORGANIZATION OR FAMILY/HOUSEHOLD MEMBER YOU ARE JOINING THROUGH					PASSWORD (for security purposes)*			DRIVER'S LICENSE #		STATE	
EMPLOYER			DATE HIRED		GROSS MONTHLY INCOME \$		OTHER INCOME \$		HOUSING COST: \$/mo.		
TIME AT RESIDENCE (YRS./MOS.)		<input type="checkbox"/> RENT <input type="checkbox"/> OWN		NEAREST RELATIVE'S NAME (NOT LIVING WITH YOU)			PHONE		ADDRESS		RELATIONSHIP

*Password required for telephone or email identification purposes; example: favorite sports team, pet name, etc. (Note: this is not your online password/PIN)

JOINT SIGNER

MEMBER # (IF APPLICABLE)

SOCIAL SECURITY #		NAME FIRST		M.I.	LAST		RELATIONSHIP					
ADDRESS (<input type="checkbox"/> CHECK IF ADDRESS IS SAME AS ABOVE)				CITY	STATE	ZIP CODE	BUSINESS PHONE		EXT#	HOME PHONE		
EMAIL ADDRESS			DATE OF BIRTH		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PASSWORD (for security purposes)*			DRIVER'S LICENSE #		STATE
EMPLOYER			DATE HIRED		GROSS MONTHLY INCOME \$		OTHER INCOME \$		HOUSING COST: \$/mo.		TIME AT RESIDENCE (YRS./MOS.)	
<input type="checkbox"/> RENT <input type="checkbox"/> OWN		NEAREST RELATIVE'S NAME (NOT LIVING WITH YOU)			PHONE		ADDRESS				RELATIONSHIP	

*Password required for telephone or email identification purposes; example: favorite sports team, pet name, etc. (Note: this is not your online password/PIN)

CHECK TYPE OF LOAN REQUESTED

Verification of income is required to apply for credit (please include a current copy of your pay stub).

<input type="checkbox"/> NEW CAR LOAN	<input type="checkbox"/> USED CAR LOAN	<input type="checkbox"/> VISA CLASSIC	<input type="checkbox"/> VISA PLATINUM	AMOUNT/LIMIT	TERM
<input type="checkbox"/> OTHER _____					

The information on this application is given for the purpose of establishing Membership and obtaining/updating credit. By signing, I, and any Joint Signers, certify under penalties of perjury that: I am within the field of Membership of this Credit Union; the information provided on this application is true and correct; and my signature on this application applies to all accounts under my name at this Credit Union. This signature allows the Credit Union to use a facsimile signature on future applications. This signature also authorizes the issuance of a VISA Check Card with certain qualifications, and the Personal Identification Numbers (PINs) used to access the Telephone and Online Banking systems. Using my Membership Number and (PIN) to access Telephone Banking and/or Online Banking will also be considered my authorized signature, to process certain transactions and account maintenance, including additional account openings. I understand that I am responsible for protecting the confidentiality of my PINs, and that I may be held liable for any unauthorized transactions if it is determined that my negligence or other actions contributed to any fraudulent activity. I also agree to be bound by the terms and conditions of any account that I have in the Credit Union now or in the future. I authorize the Credit Union to obtain information from any source concerning statements made herein. If this application is accepted, I promise to pay all charges incurred and agree to be bound by the terms and conditions of the applicable Membership and loan disclosures, and/or credit card agreements, which I have received and retained. I understand and acknowledge that the collateral also secures any other obligations that I may now or in the future have with IBM Southeast EFCU and fees and costs charged against our account(s). Statutory lien: If I am in default on a financial obligation to IBM Southeast EFCU, federal law gives the Credit Union the right to apply the balance of shares and dividends in my account(s) at the time of default to satisfy that obligation. Once I am in default, IBM Southeast EFCU may exercise this right without further notice to me. Credit is subject to approval. For full details on the rates, terms, fees, penalties and conditions that may apply to my account(s), I will refer to a current: Share Account Rate Sheet, Membership Disclosure, Fee Schedule, Loan Rate Sheet and Loan Disclosure. By signing below I agree to receive information on Credit Union, and non-affiliated third-party products, services and special offers at the email and/or mailing addresses I've listed. Your address(es) will not be shared with other non-affiliated sources, and you may opt out of this service at any time. Credit Union Membership and all products and services are provided with Credit Union acceptance and approval, and may be suspended or revoked at the Credit Union's discretion. In accordance with Reg. V and the F.A.C.T. Act, we may provide negative information about you and any joint signers, co-borrowers or guarantors regarding an insolvency, negative balance, NSF history, delinquency, overlimit, late payment or default on any and all of your account(s) to be included in your credit report and financial records.

By signing, I, and any Joint Signers, certify under penalties of perjury that (1) the Taxpayer Identification Number (TIN) shown on this form is my correct TIN and I am a U.S. person or resident alien, and I am not subject to backup withholding, either because (a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends or (b) the IRS has notified me that I am no longer subject to backup withholding. The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

Notice to Members residing in Community Property States—Arizona (AZ), California (CA), Idaho (ID), Louisiana (LA), New Mexico (NM), Nevada (NV), Puerto Rico (PR), Texas (TX), Wisconsin (WI), Washington (WA): When applying for secured or unsecured credit where both parties' incomes are being considered as a basis for repayment for loan approval, the Credit Union requires a Joint Loan Application signed by both parties as Member/Borrower and Joint Signer/Co-Borrower, with the debt of both parties disclosed. A current credit report will be obtained on both parties to verify debt, and verification of income is required.

Information about the party making payments is also required if you are relying on alimony and/or child support as a basis for repayment on an Individual Loan Application. A current credit report and verification of income is required.

1 form of unexpired government-issued photo ID must be presented at time of application for each Member and Joint Signer. The minimum deposit is \$5 for Membership (savings) account, and \$30 for Membership (savings) and checking account.

SIGNATURE OF MEMBER		DATE
JOINT SIGNATURE		DATE
<input type="checkbox"/> I DO NOT AGREE TO ACCEPT JOINT CREDIT LOAN OBLIGATIONS <input type="checkbox"/> I AGREE TO JOINT OBLIGATION SAVINGS INSTRUMENTS ONLY		

TO CHOOSE YOUR OWN PIN FOR YOUR CARD, CALL TELEPIN AT 800.224.7670.

1. Enter 50041, the "client code" for IBM Southeast EFCU.
2. Follow the automated instructions to choose your PIN.
3. Fill in your order # here (this is not your PIN).
4. Continue to follow automated instructions to choose your PIN.

For an additional card and PIN for your Joint Signer, please have him/her follow the TELEPIN instructions above and enter the order # here

Must be at least 18 years old. Please return within 10 days for processing and qualification. If you need assistance, please call 800.873.5100, ext. 4791 or 561.982.4700, ext. 4791. We will process your request as soon as we receive your application with your unique six-digit "transaction order number" on it. Otherwise, a card will not be issued.

FOR CREDIT UNION USE ONLY

Staff OP#	Verifier OP#	MICR #	Member #	Acct. Type	ChexSystems SS# issue date: Member
Joint owner	ChexSystems Record		Forms of identification viewed for: Member		Joint owner
Checks ordered	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	VISA Check Card	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	VR	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Date Opened	<input type="checkbox"/> In Person	<input type="checkbox"/> By Mail	<input type="checkbox"/> SEG	<input type="checkbox"/> Online Banking	eStatements <input type="checkbox"/> Y <input type="checkbox"/> N

