

CBS Employees Federal Credit Union

Minimum Opening Deposit \$26.00

(\$25.00 Minimum Balance = \$1.00 Membership Fee)

Name _____

Address _____

Driver's License _____ Home Phone # () _____

Employer _____ Work Phone # () _____

Date of Birth _____ Mother's Maiden Name _____ Pager# () _____

My Social Security Number is
(taxpayer identification number)

□	□	□	-	□	□	-	□	□	□	□
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Under penalties of perjury I certify that (1) the above number is my correct taxpayer identification number **AND** (2) I am not subject to backup withholdings from the IRS because [a] I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or [b] the IRS has notified me I am no longer subject to back withholdings. *I must cross out above item (2) if I have been notified by the IRS that I am currently subject to backup withholdings.*

Signature _____

I am qualified for membership into the CBS Employees Federal Credit Union (CBS EFCU) because: (subject to certification)

I am an employee of _____

I am a relative of a member of the CBS EFCU: Name of Relative _____

Relationship _____ Phone # () _____

Beneficiary (IES) - In the event of my death, or the death of myself and all other joint owners. I/We hereby designate as My/Our beneficiary (ies) to receive all shares in My/Our account to the following.

Name _____ Phone # () _____

Birth Date _____

Name _____ Phone # () _____

Birth Date _____

By signing below I/We agree to the terms stated on the front and back sides of this form. I/We agree to be bound by the bylaws, regulations, policies & rules, and any amendments thereof, of The CBS Employees Federal Credit Union. You acknowledge receipt of the Truth-in-Savings agreement and to be bound by those terms.

Member Signature _____ Date _____

Joint Owner Signature _____ Date _____

2ND Joint Owner Signature _____ Date _____

Joint Applicant Information

Name _____ Date of Birth _____

Social Security Number _____ Driver's License # _____

Home Phone # () _____ Work Phone # () _____ Mother's Maiden Name _____

2ND Joint Applicant Information

Name _____ Date of Birth _____

Social Security Number _____ Driver's License # _____

Home Phone # () _____ Work Phone # () _____ Mother's Maiden Name _____