

**Get Started Today!**

Thanks for joining Unity One Credit Union! To complete the application process, please sign and return the membership application by one of the following methods:

- Scan and e-mail: mbrservice@unityone.org
- Fax: 817-306-3101
- Mail: 6701 Burlington Blvd., Fort Worth, TX 76131



**MEMBERSHIP APPLICATION**

Start here → **Primary Owner's Name**

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ @ \_\_\_\_\_ E-mail Address

Driver's License # & State \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 ( ) ( )

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Address City, State, Zip \_\_\_\_\_

Eligibility for Membership \_\_\_\_\_

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

Under the penalties of perjury, I certify that the number shown on this form is my correct social security number/tax identification number and that: (please check the applicable following boxes)

- 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 a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- I am subject to backup withholding.
- I am a U.S. Person (including a U.S. resident alien).

**AUTHORIZATION**

By signing below, I/we agree to the terms and conditions of the Membership & Account Agreement, Truth-in-Savings, Rate and Fee Schedule and Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement & Disclosures applicable to the accounts and services requested herein. I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/we also agree to allow the credit union to obtain and review my/our credit report as part of the account opening procedure. Any fax of my signature may be held equally enforceable as my genuine signature.

Sign here → X \_\_\_\_\_  
 Primary Signature Date

X \_\_\_\_\_  
 Joint Owner Signature Date

X \_\_\_\_\_  
 Joint Owner Signature Date

**ACCOUNT OWNERSHIP**

Designate below your account ownership preference. All joint owners must sign where designated on this form.

- Single Party Account
- Joint Account with Survivorship
- Joint Account without Survivorship

Add Joint Account Owners here ←

**Joint Owner #1**

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # & State \_\_\_\_\_  
 ( ) ( )

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Joint Owner #2**

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # & State \_\_\_\_\_  
 ( ) ( )

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**ACCOUNT DESIGNATIONS**

- Payable on Death (POD)/Trust Account
- All accounts
- Designate specific account(s): \_\_\_\_\_

Designate Account Beneficiaries here ←

**Beneficiary #1**

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Beneficiary #2**

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

- UTMA** (as custodian for (minor) under the Uniform Transfers to Minors Act)

Minor's Social Security Number: \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

See Account Change Card

Date of Membership: \_\_\_\_\_ Member #: \_\_\_\_\_

Opened by: \_\_\_\_\_ Approved by: \_\_\_\_\_