

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:

- 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 _____ (initial)
- Joint Account without Survivorship _____ (initial)

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: _____