



Dear Prospective SFFCU Member,

We received a request (via mail, phone, event, or online) for your membership to Shamrock Foods Federal Credit Union. Enclosed are the forms for membership. Please fill out the forms paying special attention to the highlighted/shaded areas on the front and back of the forms. Please do not leave any blanks.

Our primary account is the Share Account or Savings. In order to establish yourself as a member you must deposit and maintain a minimum balance of \$25.00. We will also need a legible copy of a VALID government issued ID (please ENLARGE the copy of your ID so it can be seen clearly). This ID must reflect your current address. If you are unable to provide the proper identification with current residence, please send two (2) additional proofs of residence. We will accept utility bills, pay check stubs or any other form that shows your name and current address.

We have also included a *Direct Deposit Authorization* card (for your full Check amount to be deposited), or use the *Payroll Deduction card* (for any amount other than your full Check). Use one or the other, but not both. Also included is a PEP Loan application for your convenience, but your Share account must be opened before we can process the PEP loan. A \$35.00 application fee for the PEP loan is due at the time the application is submitted.

If you are applying for a checking account, please use the form "Checking Account Options" and choose which account you would like. If you are ordering checks please be sure to fill out the form as you would like your name to appear on your checks. Styles and costs vary, but we ask that you make at least an opening deposit of \$35. This should cover the cost of the checks and possibly have money left over depending on your choice. To view check styles go to: www.Shamrockfcu.org located under the tab Order Personal Checks Online and choose your check style.

After completion of the forms you may return them via US Postal Service, Inter-Office thru Shamrock Foods Company, e-mail, or fax at: 602-477-6758. Be sure to include your deposit of at least \$25.00 via check, money order, or call us to do a cash advance on your current VISA Debit/Credit card, and copy a of your government issued ID. The opening deposit of \$25.00 must be received before we can open the account, or proceed with any other services.

If you have any questions about the forms or what to fill out, please feel free to call us at Shamrock Foods Company X76429, or dial (602) 477-6429, or toll free at 1-800-289-3663 ext 76429, or visit our Website at: www.shamrockfcu.org. Thank you for your interest in Shamrock Foods Federal Credit Union, we are excited about serving you in the near future!

Sincerely,

The SFFCU Team of
Elizabeth, Gail, Joseph and Shelly

Shamrock Foods Federal Credit Union
2926 W Encanto Blvd
Phoenix AZ 85009



Shamrock Foods 2926 W. Encanto Blvd.
Federal Credit Union Phoenix, AZ 85009
(602) 233-6429

MEMBER SERVICE CARD

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

	Suffix*		Suffix*
<input type="checkbox"/> Share/Savings:	_____	<input type="checkbox"/> Money Market:	_____
<input type="checkbox"/> Share Draft/Checking:	_____	<input type="checkbox"/> HSA:	_____
<input type="checkbox"/> Share Certificate/Certificate:	_____	<input type="checkbox"/> Other:	_____

*The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner: _____	Member No: <input style="width: 150px; height: 20px;" type="text"/>
Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No: _____
Home Phone: _____	Date of Birth: _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password: _____
Work Phone: _____	Employer: _____
E-mail: _____	
Membership Eligibility: _____	
Position/Title: _____	Years: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Hours: _____

NOTICE: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.

Income: Gross Monthly Income: \$ _____ OR Net Monthly Income: \$ _____

Home: Own Rent How long? Years: _____ Monthly Payment: \$ _____

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- Individual**
 Joint Account with Rights of Survivorship **Joint Account without Rights of Survivorship**

Joint Owner: _____

Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No: _____
Home Phone: _____	Date of Birth: _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password: _____
Work Phone: _____	Employer: _____
E-mail: _____	

Joint Owner: _____

Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No: _____
Home Phone: _____	Date of Birth: _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password: _____
Work Phone: _____	Employer: _____
E-mail: _____	

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit: _____ ATM Card: _____
 Overdraft Protection (Indicate transfer priority.): _____ Debit Card: _____
 PC Access/Internet Banking: _____ Audio Response: _____
 Other: _____

Loan Account Request: Individual Joint (Married applicants may apply for a separate account.)
 Loan Account: Credit Card Line-of-Credit Overdraft Protection

PAYMENT PROTECTION: Are you interested in having your loan protected? YES NO
 If you answer "yes," then the Credit Union will disclose the cost of the voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
 Street: _____ Street: _____
 City/State/Zip: _____ City/State/Zip: _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:
 (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued),
 (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
 (3) I am a U.S. person (including a U.S. resident alien).

CERTIFICATION INSTRUCTIONS: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

SIGNATURES

By signing below, you certify that the information on this Member Service Card is complete, true, and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Member Service Card for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to the terms of the following agreements applicable to the accounts and services requested.

- **Membership and Account Agreement.** You acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein.
- **Overdraft Loan Agreement.** If an overdraft loan account is requested and provided, you acknowledge receipt of and agree to the terms of the Overdraft Loan Agreement and Truth-in-Lending Disclosure.
- **CreditCard Agreement.** If a credit card account is requested and provided to you, you acknowledge receipt of and agree to the terms of the Credit Card Agreement which governs your credit card account. You grant us a security interest in all of your credit union shares in Account Number _____ to secure your card obligation.
- **Electronic Fund Transfers Agreement and Disclosure.** If an access card or Electronic Fund Transfer (EFT) service is requested and provided, you acknowledge receipt of and agree to the terms of the Electronic Fund Transfers Agreement and Disclosure.

The Internal Revenue Service does not require your consent to any provision of this Member Service Card other than the certifications required to avoid backup withholding.

X	Signature	Date	X	Signature	Date
X	Signature	Date	X	Signature	Date

FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Card

Loan App'd by: _____ \$ Amount /App'd: _____

Date of Membership: _____ Opened /App'd by: _____ Member Verification: _____

Credit Report Check Verify PIN Request
 Access Card Audio Response PC Access/Internet Banking

New Member Account References

Member Name: _____ Account Number: _____

Please fill COMPLETELY out.

List two References NOT living with you

Name: _____ Relationship to Member: _____

Address: _____ Apt # _____ City _____

State, and Zip: _____ Phone Number: _____

Name: _____ Relationship to Member _____

Address: _____ Apt # _____ City _____

State, and Zip: _____ Phone Number: _____

PAYROLL DEDUCTION- DIRECT DEPOSIT AUTHORIZATION*****SHAMROCK FOODS COMPANY PAYROLL DEDUCTION AUTHORIZATION*****

Member: _____ Last 4 of SSN: _____

Home/Cell Phone: _____ Work Phone: _____ Division: _____

Initial Authorization – Pre-Note Change in Authorization - From \$ _____

I hereby authorize my employer to deduct from my salary the amounts set forth in this Authorization and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization. I grant the Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount: Net Check – **Must fill out Direct Deposit Authorization Agreement** also.OR \$ _____ Payroll Period: Monthly – 6th Only Monthly 6th & 21stCredit Union R/T No: 322174850 Bi-Weekly Semi-Monthly 5th & 20th

Deposit to: Savings Account No: 000000 _____

Checking Account No: 00030 _____

X _____

Signature _____ Date _____

******* CREDIT UNION DIRECT DEPOSIT AUTHORIZATION *******

By signing above, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

	SFX	AMT	ACCT	SFX	AMT
Share/Savings	# _____	\$ _____	# _____	# _____	\$ _____
Share/Savings	# _____	\$ _____	# _____	# _____	\$ _____
Money Market	# _____	\$ _____	IRA# _____	# _____	\$ _____
Share Drft/Checking	# _____	\$ _____	# _____	# _____	\$ _____
Loans	# _____	\$ _____	# _____	# _____	\$ _____
Loans	# _____	\$ _____	# _____	# _____	\$ _____
Other _____	# _____	\$ _____	# _____	# _____	\$ _____
Other _____	# _____	\$ _____	# _____	# _____	\$ _____
Other _____	# _____	\$ _____	# _____	# _____	\$ _____
Total		\$ _____			\$ _____

CREDIT UNION USE ONLY Teller #: _____ P/R Start Date: _____**Distribution change only-DO NOT submit to Payroll**