

Waterfront Federal Credit Union Membership Card

Page 1 of 2

Waterfront Federal Credit Union requires a photocopy of a government issued id (i.e. driver's license) for everyone who is on an account, please attach it to this form.

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 change.

Please mark (x) the Waterfront Federal Credit Union services you need:

<input checked="" type="checkbox"/> Savings (Vacation Deposit Account)	<input type="checkbox"/> Checking (Free overdraft protection from savings to checking included)
<input checked="" type="checkbox"/> 24/7 Audio Response	<input type="checkbox"/> Visa Check Card (requires a checking account)
<input type="checkbox"/> Shared Branching	<input type="checkbox"/> Home Banking Access

Account Holder Section—Please complete all sections for each account holder with pen.

Primary Name:	SSN/TIN:
Physical Address:	Date of Birth:
City, State, Zip	Security Word:
Mailing Address*:	Email:
City, State, Zip:	Cell Phone:
Home Phone:	Work Phone:

#1 Joint Name:	SSN/TIN:
Physical Address:	Date of Birth:
City, State, Zip	Security Word:
Mailing Address*:	Email:
City, State, Zip:	Cell Phone:
Home Phone:	Work Phone:

#2 Joint Name:	SSN/TIN:
Physical Address:	Date of Birth:
City, State, Zip	Security Word:
Mailing Address*:	Email:
City, State, Zip:	Cell Phone:
Home Phone:	Work Phone:

*Please complete if different than physical address

Payable on Death	
Beneficiary/POD:	Beneficiary/POD
Address:	Address:
City, State, Zip:	City, State, Zip:

