



OAK CLIFF CHRISTIAN FEDERAL CREDIT UNION
Your financial wellbeing is our top priority.

You can apply for membership at our branch location or mail to:
Oak Cliff Christian Federal Credit Union
1130 W. Camp Wisdom Road
Dallas, Texas 75232

OCCFCU requests two forms of identification for each account signer:

Preferred ID- Driver's License, Texas State ID, Military ID, Passport, U.S. Government ID, Concealed Handgun License
Secondary ID- Social Security Card, Student Photo ID, Employer Photo ID, Law Enforcement ID, Voter Registration Card

Membership Application & New Account Authorization

To join Oak Cliff Christian Federal Credit Union:

- (1) Complete and sign the membership application
- (2) Provide IDs for each signer from the list above
- (3) Return application and IDs with an initial deposit of at least \$30.00 (Do not mail cash.)
 - The initial deposit includes a \$5.00 membership fee and a \$25.00 deposit to open a Share/Savings Account.

Important Identification Requirement

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What this means to you:** When you open an account, we ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Which Accounts Do You Want To Open?

- Shares/Savings (Required)
 Money Market
 Certificate of Deposit (Term) _____
 Cliff Kids Club Savings
 Christmas Club
 Other _____

Primary Owner Information

Name: _____ Date of Birth: _____
 Address (No P.O. Box): _____ City: _____ State: _____ Zip: _____
 SSN: _____ Mother's Maiden Name: _____
 Driver's License #: _____ State: _____ Email Address: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Employer: _____ Position/Title: _____

How Are You Eligible for Membership?

- OCBF Member
 OCBF Employee
 FCA Attendee
 FCA Employee
 Urban Alternative
 Project Turn Around
 Family Member/Relative of Member _____
 Other _____

Joint Owner

If account owner is a minor child, a parent who is an OCCFCU member must be joint owner.

Name: _____
 Date of Birth: _____ SSN: _____
 Address (No P.O. Box) _____
 City: _____ State: _____ Zip: _____
 Driver's License #: _____ State: _____
 Email Address: _____
 Home Phone: _____
 Cell Phone: _____
 Mother's Maiden Name: _____
 Employer: _____
 Position/Title: _____
 Work Phone: _____

Joint Owner

If account owner is a minor child, a parent who is an OCCFCU member must be joint owner.

Name: _____
 Date of Birth: _____ SSN: _____
 Address (No P.O. Box) _____
 City: _____ State: _____ Zip: _____
 Driver's License #: _____ State: _____
 Email Address: _____
 Home Phone: _____
 Cell Phone: _____
 Mother's Maiden Name: _____
 Employer: _____
 Position/Title: _____
 Work Phone: _____

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Membership Application & New Account Authorization....Continued

Account Ownership and Survivorship

- | | |
|---|---|
| <input type="checkbox"/> Single Party Account With P.O.D.
<input type="checkbox"/> Single Party Account Without P.O.D. | <input type="checkbox"/> Multiple Party Account <u>With</u> Rights of Survivorship
<input type="checkbox"/> Multiple Party Account <u>Without</u> Rights of Survivorship
<input type="checkbox"/> Multiple Party Account <u>With</u> Rights of Survivorship <u>and</u> P.O.D. |
|---|---|

Beneficiary Designations

By signing below, each party designates the person(s) named below as Payable on Death Payee(s) on the accounts indicated. I agree to save, defend and hold harmless Oak Cliff Christian Federal Credit Union harmless from any liability in connection with this POD designation. Designation not available on Multiple Party Accounts without Rights of Survivorship.

Ownership %
 Beneficiary Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Social Security Number: _____
 Phone: _____ Date of Birth: _____

Ownership %
 Beneficiary Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Social Security Number: _____
 Phone: _____ Date of Birth: _____

Taxpayer Identification Number and Backup Withholding Certification

Under penalties of perjury, by signing below, I certify (1) that the number shown on this form is my correct taxpayer identification number; (2) that , unless designated below, 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 (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).

- | | |
|--|--|
| <input type="checkbox"/> No, I am not subject to backup withholding from the IRS | <input type="checkbox"/> I am not a U.S. citizen or resident |
| <input type="checkbox"/> Yes, I am subject to backup withholding from the IRS | |

Signature and Authorizations

By signing below, I hereby make application for membership in Oak Cliff Christian Federal Credit Union and agree to subscribe for at least one share in the Credit Union. In considering this application and/or any request for financial services, I authorize the Credit Union to check my credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with me. I/we agree to conform to the Credit Union's rules, regulations, bylaws, ad policies now in effect and as amended or adopted hereafter. I/we acknowledge receipt within 10 days of my account being opened of the Credit Union's Account Agreement, Truth-In-Savings Disclosure and Account Terms and Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfers Disclosure, and Privacy Policy which are incorporated into and made a part of this application and agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Member Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____

For credit union use only:

Please verify	Documentation	Teller Initials/Date	Audited by/Date
List Member ID's			
List Joint Member ID's			
OFAC/FinCen/Chex System			
Account # Assigned:			

Revised 09/04/09