

Open Your ABFCU Account

Provide your primary information below. If you'd like a joint owner to have access to your account, complete section 5 on the back (if no joint owner, a beneficiary is recommended).

PRIMARY MEMBER

1

NAME: _____

HOME ADDRESS: _____

CITY: _____

STATE / ZIP: _____

MAILING ADDRESS: _____

(if different from home address)

CITY: _____

STATE / ZIP: _____

HOME / CELL PHONE: _____

WORK PHONE: _____

EMAIL: _____

SS NUMBER: _____

D.O.B: _____

DRIVER'S LICENSE NUMBER / STATE: _____

DRIVER'S LICENSE ISSUE DATE: _____

EMPLOYER: _____

2

ELIGIBILITY FOR MEMBERSHIP: _____

i.e. place of employment, qualifying family member, etc.

3

MOTHER'S MAIDEN NAME: _____

Used for security purposes only. The information you provide will be held in strictest confidence.

FOR CREDIT UNION USE ONLY

INITIALS

☐ DRIVER'S LICENSE INFORMATION

☐ FIS

☐ OTHER

You authorize us to check your account, credit, and employment history, and obtain reports from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services you need. To help local, state, and federal governments fight the funding of terrorism and many money laundering activities, new regulations and laws require all financial institutions obtain, verify and record information that identifies each individual opening an account.

What will this mean for you? We will ask for your name, address, DOB, and other information that will allow us to identify you, as well as identifying documents. We may also verify identity through using outside identity verification services like consumer reporting agencies, employers, etc. All information will be protected in accordance with the credit union's privacy policy.

Make sure you've completed both sides of this form. Place it in an envelope and mail it back to the credit union.

Arkansas Best Federal Credit Union
P.O. Box 17020
Fort Smith, AR 72917-7020

4

BENEFICIARY NAME: _____

STREET: _____

CITY: _____

STATE / ZIP: _____

JOINT OWNER WITH PRIMARY MEMBER

(Joint ownership applies to all Savings Accounts)

5

NAME: _____

HOME ADDRESS: _____

CITY: _____

STATE / ZIP: _____

MAILING ADDRESS: _____

(if different from home address)

CITY: _____

STATE / ZIP: _____

HOME / CELL PHONE: _____

WORK PHONE: _____

EMAIL: _____

SS NUMBER: _____

D.O.B: _____

DRIVER'S LICENSE NUMBER / STATE: _____

DRIVER'S LICENSE ISSUE DATE: _____

APPLICATION AND CERTIFICATION RULES

By signing below, I certify, in accordance with the IRS W-9 instructions and under penalties of perjury, that the Social Security number shown is my correct identification number; I am NOT, unless designated below, subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding; and I am a U.S. citizen or legal U.S. resident. By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, and to any amendment the Credit Union makes from time to time which are incorporated herein.

☐ I AM SUBJECT TO BACKUP WITHHOLDING

PRIMARY ACCOUNT HOLDER SIGNATURE

DATE

JOINT ACCOUNT HOLDER SIGNATURE

DATE

SIGN UP FOR PAYROLL DEDUCTION

If available through your employer, you may elect to deposit any amount of your paycheck. All we need to open your account is \$5. I am paid:

☐ WEEKLY

☐ BI-WEEKLY

☐ SEMI-MONTHLY

☐ MONTHLY

☐ YES. I WOULD LIKE TO START PAYROLL DEDUCTION TO OPEN MY ACCOUNT.

I authorize you to deduct \$ _____ per pay period to be deposited into my ABFCU savings account. Your payroll deduction can be changed later to meet your needs. Payroll Deduction only applies to certain employers. By signing below, I authorize my employer to share information with ABFCU.

SIGNATURE

DATE