



ARKANSAS BEST FEDERAL CREDIT UNION

Are You Ready To Join?

It's a five minute investment in your financial future.

The information you provide is the first step to credit union membership, and access to lower cost loans and higher dividends on savings. Plus, once you're a member, you are always a member...even if you retire, change jobs or move from one state to another.

Complete Sections 1 through 4 and we can start to build your file. If you'd like a joint owner to have access to your account, complete Section 5 (on other side).

PRIMARY MEMBER

As the Primary Member, you open the world of credit union membership to your spouse and your immediate family.

1. NAME: _____
HOME ADDRESS: _____
CITY: _____ STATE/ZIP: _____
MAILING ADDRESS: _____
(if different from home address)
CITY: _____ STATE/ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____
SS NUMBER: _____ DATE OF BIRTH: _____
DRIVERS LICENSE NUMBER/STATE: _____
DL ISSUE DATE: _____
EMPLOYER: _____

Please complete Section 2 so we can verify that you qualify for membership at Arkansas Best Federal Credit Union. This could be your place of employment or a family member that is sponsoring you for membership.

2. ELIGIBILITY FOR MEMBERSHIP: _____

Section 3 will be used for security purposes only. The information you provide will be held in strictest confidence.

3. MOTHER'S MAIDEN NAME: _____

FOR CREDIT UNION USE ONLY	INITIALS
<input type="checkbox"/> Driver's License Information	
<input type="checkbox"/> Certegy <input type="checkbox"/> Other	

**Make sure you have completed 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

Section 4 identifies the family member(s) that will serve as your beneficiaries. You must have at least one beneficiary.

4. BENEFICIARY NAME: _____
STREET: _____
CITY: _____
STATE/ZIP: _____

JOINT OWNER WITH PRIMARY MEMBER

(Joint ownership applies to all Savings Accounts)

5. JOINT OWNER NAME: _____
HOME ADDRESS: _____
CITY: _____ STATE/ZIP: _____
MAILING ADDRESS: _____
(if different from home address)
CITY: _____ STATE/ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____
SS NUMBER: _____ DATE OF BIRTH: _____
DRIVERS LICENSE NUMBER/STATE: _____
DL ISSUE DATE: _____
MOTHER'S MAIDEN NAME: _____

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.

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.

You're ready to join. Just read the Application and Certification Rules and sign on the Primary Account Holder line, with the date.

I am subject to backup withholding

Primary Account Holder Signature Date

Joint Account Holder Signature Date

SIGN UP FOR PAYROLL DEDUCTION

Take the next step to the ultimate in convenience.

Payroll deduction offers our members the convenience of never making a trip to the credit union. You may elect to deposit as little or as much of your paycheck as you choose. It's up to you! 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 Credit Union savings account. Your payroll deduction can be changed later to meet your needs. By signing below, I authorize my employer to share information with ABFCU.

Signature Date