

# Account Applications Instructions

To open an account you **must** already be a Member, and we need the following:

- Completed and signed Account Application(s).
- Minimum Deposit Requirement (\$1.00 for Holiday or Special Savings, \$5.00 for Regular Savings, \$20.00 for Basic Checking or Interest Checking Plus, or \$2,500.00 for Insured Money Market).
- Completed and signed Account Beneficiary Designation form(s) for each account, if applicable. All account owners must sign this form when adding a beneficiary(ies).
- One of the following pieces of photo identification:
  - Driver's License
  - State Identification Card
  - Passport

Please provide the requested information on the following form(s) and return to DFCU Financial, PO Box 610, Dearborn MI 48121.

If you have any questions, please visit any branch location or contact us at 888.336.2700.

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Account Number



P.O. BOX 6048  
DEARBORN, MICHIGAN 48121  
PH 888.336.2700  
dfcufinancial.com

Member Number

# Account Application

Member Name

## IMPORTANT INFORMATION FOR OPENING A NEW ACCOUNT

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 for You: When You open an Account, We may ask You 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.

## Account Information

<b>TYPE OF ACCOUNT</b> Select <b>ONLY</b> One  <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Interest Checking Plus <input type="checkbox"/> Insured Money Market  <input type="checkbox"/> Certificate <input type="checkbox"/> Special <input type="checkbox"/> Holiday	<b>TYPE OF OWNERSHIP</b>  <input type="checkbox"/> Single <input type="checkbox"/> Joint
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## Joint Member Information

First Name	Last Name	Member Number	Birth Date
First Name	Last Name	Member Number	Birth Date
First Name	Last Name	Member Number	Birth Date
First Name	Last Name	Member Number	Birth Date

## Draw Account Authorization

- You hereby authorize Us to transfer funds from Your loan and/or other deposit Account(s) identified below. Your overdrafts will be covered by transferring funds from Your loan and/or other deposit Account(s) identified below and in the order specified. If no priority is noted, transfers will be made from Your line of credit up to Your available credit limit, or from Your Savings Account, provided You have enough available funds. You further agree to pay any fees associated with such transfer and hold Us harmless from any and all liability which might otherwise exist if a transfer does not occur.
- You elect not to participate in this service.

Priority	Source Account Type	Source Account Number
1		
2		
3		
4		

102ACCTAPPFILL

# Signature(s)

By signing below, You agree to be bound by the terms and conditions found within the Agreements and Disclosures. You acknowledge receiving a copy of those Agreements and Disclosures related to Your Account(s) and You agree to the terms and conditions found therein. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. You hereby authorize Us, Our employees and agents to investigate, verify and update at any time (both now and in the future) any information provided by You to Us. You further authorize any person, association, firm, corporation or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. You may also from time to time request additional Accounts and/or Account Services to be established on Your behalf and/or the addition of joint member/owner(s) to Your Account(s). Your signature below is Your continuing authorization for DFCU Financial to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts.

If the Account being established or changed pursuant to this application is a Joint Account, it is held jointly by all Account owners signing below. This form supersedes, takes precedence over and replaces any such form that preceded it.

_____	_____	_____
<b>Member's Signature</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Joint Member's Signature</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Joint Member's Signature</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Joint Member's Signature</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Joint Member's Signature</b>	<b>Printed Name</b>	<b>Date</b>

**FOR CREDIT UNION USE ONLY**

DATE \_\_\_\_\_ BRANCH \_\_\_\_\_ EMPLOYEE \_\_\_\_\_

Account Number



P.O. BOX 6048  
DEARBORN, MICHIGAN 48121  
PH 888.336.2700  
dfcufinancial.com

Member Number

# Account Beneficiary Designation

Member Name

## Account Information

<b>Type of Account</b>				
Select <b>ONLY</b> One				
<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Interest Checking Plus	<input type="checkbox"/> Insured Money Market	<input type="checkbox"/> Certificate
<input type="checkbox"/> Special		<input type="checkbox"/> Holiday		

## Joint Member Information

First Name	Last Name	Member Number	Birth Date
First Name	Last Name	Member Number	Birth Date
First Name	Last Name	Member Number	Birth Date
First Name	Last Name	Member Number	Birth Date

## Beneficiary Information

Beneficiary Name (1)	Social Security Number	Relationship	Birth Date	
Street Address	City	State	Zip Code	Phone Number
Beneficiary Name (2)	Social Security Number	Relationship	Birth Date	
Street Address	City	State	Zip Code	Phone Number
Beneficiary Name (3)	Social Security Number	Relationship	Birth Date	
Street Address	City	State	Zip Code	Phone Number
Beneficiary Name (4)	Social Security Number	Relationship	Birth Date	
Street Address	City	State	Zip Code	Phone Number

# Beneficiary Information, continued

Name of Non-Person Entity (1)		Contact Person		
Street Address	City	State	Zip Code	Phone Number
Name of Non-Person Entity (2)		Contact Person		
Street Address	City	State	Zip Code	Phone Number

I (We) elect not to designate a beneficiary(ies). I (We) revoke all prior beneficiary(ies) designations in respect to this Account.

## Signature(s)

By signing below, You designate the individual(s) or entity named above as the primary beneficiary(ies) of this Account. The designated beneficiaries own equal share percentages in the Account. If any primary beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. You may change the beneficiary(ies) identified on this designation form only with the written consent of all owners to the Account. This form supersedes, takes precedence over and replaces any such form that preceded it.

Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date

**FOR CREDIT UNION USE ONLY**

DATE \_\_\_\_\_ BRANCH \_\_\_\_\_ EMPLOYEE \_\_\_\_\_