



Please fill out the highlighted area

DADE COUNTY FEDERAL
C R E D I T U N I O N

1500 NW 107th Ave.
Doral, FL 33172
(305) 471-5080



Member Services Request

Important Information About Opening a New Account. To help our 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 when opening a new account. What does this mean for you? When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.

MEMBER INFORMATION

Member No.	Designate the ownership of the accounts and responsibility for the services requested. <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Survivorship <input type="checkbox"/> Switch From _____	
Member Name:	Primary ID Type: Driver's License	
SSN/TIN:	Issuer:	ID Number:
Street:	ID Issue Date:	ID Expiration Date:
City/State/Zip:	Date of Birth:	
Home Phone:		
Work Phone:	Cell Phone:	Secondary ID Type: County E-number
E-Mail Address:	Issuer:	ID Number:
Employer:	ID Issue Date:	ID Expiration Date:
Membership Eligibility:	Password:	
	Citizen of (Country):	

ACCOUNT TYPES AND SERVICES

All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed below unless the credit union is notified in writing of a change.

Account Type/Suffix #*	Account Type/Suffix #*	Account Services
<input type="checkbox"/> Share/Savings # _____	<input type="checkbox"/> Money Management # _____	<input type="checkbox"/> Overdraft Protection (indicate transfer priority)
<input type="checkbox"/> Share Draft/Checking # _____	<input type="checkbox"/> Club # _____	
<input type="checkbox"/> Share Certificate # _____	<input type="checkbox"/> Debit Card	<input type="checkbox"/> County Line _____

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number listed above. If this document applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT OWNERSHIP - Please complete this section if you desire joint owners on your accounts

Joint Owner:	Primary ID Type:	
SSN/TIN:	Issuer:	ID Number:
Street:	ID Issue Date:	ID Expiration Date:
City/State/Zip:	Date of Birth:	
Home Phone:		
Work Phone:	Cell Phone:	Secondary ID Type:
E-mail Address:	Issuer:	ID Number:
Employer:	ID Issue Date:	ID Expiration Date:
	Citizen of (Country):	

ACCOUNT DESIGNATIONS

Please complete this section if you desire any beneficiary on your accounts Payable on Death (POD)/Beneficiary - Complete Pay on Death Account Card

Power of Attorney Name: _____ (please print)

Signature: _____ **Date:** _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

REQUEST FOR CREDIT - Married Applicants may apply for a separate account

Member No. _____

Individual Credit: Complete the Applicant section about yourself. Complete Other information about your spouse if: 1) you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI); or 2) your spouse will use the account; or 3) you are relying on your spouse's income for repayment.

Joint Credit: Complete Applicant and Co-Applicant sections. Each Applicant must individually complete each section.

LOANLINER® Account: By checking the box for a LOANLINER® Account, you are opening a Credit Plan even if you are not receiving an advance today.

Credit Card Account: By checking the box for a Credit Card Account, you are requesting a credit card at this time. There are costs associated with the use of the card. To obtain information about these costs, contact us at the address/phone number on the first page.

APPLICANT

Name: _____

Account Selection

- LOANLINER® Account
 Credit Card Account

Housing Status: Rent Own Monthly Payment \$ _____

Years at Residence: _____
 Check if Self-Employed

Name and Address of Employer: _____

Start Date: _____ *Monthly Gross Income \$ _____

Complete for Joint Credit, Secured Credit, or if you live in a community property state:

- Married Separated Unmarried (Single - Divorced - Widowed)

**NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.*

OTHER: CO-APPLICANT SPOUSE *Check all that apply.*

Name: _____

Account Selection

- LOANLINER® Account
 Credit Card Account

Housing Status: Rent Own Monthly Payment \$ _____

Years at Residence: _____
 Check if Self-Employed

Name and Address of Employer: _____

Start Date: _____ *Monthly Gross Income \$ _____

Complete for Joint Credit, Secured Credit, or if you live in a community property state:

- Married Separated Unmarried (Single - Divorced - Widowed)

STATE LAW NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or

decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

X _____
 SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

CONSENT TO CONTACT

By executing this Member Services Request, you agree we and/or our third-party debt collectors may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e. cell phone numbers) which could result in charges to you, in order to service your account or collect any amounts owed to us, excluding any contacts for advertising and telemarketing purposes as prescribed by law. You further agree methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. You may withdraw the consent to be contacted on your wireless telephone number(s) at any time by written notice to us at DCFCU, 1500 N.W. 107 AVE, MIAMI FL 33172 or by any other reasonable means. If you have provided a wireless telephone number(s) on or in connection with this Member Services Request, you represent and agree you are the wireless subscriber or customary user with respect to the wireless telephone number(s) provided and have the authority to give this consent. Furthermore, you agree to notify us of any change to the wireless telephone number(s) for which you are providing your consent to be contacted.

In order to help mitigate harm to you and your account, we may contact you on any telephone number associated with your account, including a wireless telephone number (i.e. cell phone number), to deliver to you any messages related to suspected or actual fraudulent activity on your

account, data security breaches or identity theft following a data breach, money transfers, or any other exigent messages permitted by applicable law. These contacts will not contain any telemarketing, cross-marketing, solicitation, advertising, or debt collection message of any kind. The contacts will be concise and limited in frequency as required by law. You will have an opportunity to opt-out of such communications at the time of delivery.

By signing below, you authorize Dade County Federal Credit Union to deliver or cause to be delivered to you at the telephone numbers provided above, advertising and telemarketing calls and text message(s) using an automatic telephone dialing system and/or an artificial or prerecorded voice. **YOU ARE NOT REQUIRED TO SIGN THIS AUTHORIZATION OR ENTER INTO THIS AGREEMENT AS A CONDITION OF PURCHASING ANY PROPERTY, GOODS OR SERVICES.** You may withdraw the consent provided herein at any time by providing written notice to us at DCFCU, 1500 N.W. 107 AVE, MIAMI FL 33172 or by any other reasonable means.

X _____
 SIGNATURE DATE

X _____
 SIGNATURE DATE

ACKNOWLEDGMENTS

Credit Report Authorization: By signing below you authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension or collection of credit you receive. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.

For Account and/or Account Service Requests: By signing below you acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth in Savings Disclosure, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement and Disclosure and Privacy Notice and to any amendments to these documents that the credit union may make from time to time.

For Credit Requests: By signing below you acknowledge that you have received and agree to the terms and conditions contained in the LOANLINER® Credit and Security Agreement including the Addendum, disclosures and information related to voluntary payment protection and to any amendments that may be made to any of these documents from time to time; you understand that the use of any credit card you receive will constitute acknowledgment of receipt and agreement to the terms of the Credit Union's Credit Card Agreement and Disclosures; and you grant the Credit Union a security interest in all share and/or deposit accounts that you own now and in the future to secure what you owe under the LOANLINER® Credit and Security Agreement and the Credit Card Agreement. When you are in default, you authorize the Credit Union to apply the balance in these accounts to any amounts due. Share and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X

SIGNATURE

DATE

X

SIGNATURE

DATE

FOR CREDIT UNION USE ONLY

Date of Membership: _____

Opened/Approved By: _____

OFAC

Chex Systems

PAYROLL DEDUCTION MAINTENANCE FORM

Primary Member#:		SS #	
Member Name:	▼		
Payroll Due Date:	7/28/23	Payroll #	Select One From List
Switch Account?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Old Member #:
Start:	<input type="checkbox"/>	Stop:	<input type="checkbox"/>
Increase:	<input type="checkbox"/>	Decrease:	<input type="checkbox"/>
Redistribute:	<input type="checkbox"/>		

I hereby request and authorize the deduction and / or the change (increase or decrease) to an existing deduction, as stipulated below by DADE COUNTY FEDERAL CREDIT UNION from my salary or wages each pay period. Further, a request and authorize the transmittal of said amount to DCFCU to my share account and/or for payment on any present or past outstanding loan or loans extended to me by said Credit Union.

						TOTAL	\$0.00 \$27.00
Member #	Account Suffix		Last Name	Amount			
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IMPORTANT: List all deductions *exactly* as it should appear in the system.

THE CREDIT UNION AND THE MEMBER AGREE TO INDEMNIFY AND HOLD HARMLESS THE EMPLOYER FROM ANY CLAIM OF DIRECT LOSS CAUSED AS A RESULT OF COMPLYING WITH SAID DEDUCTIONS.

Member Signature:	Date:

Branch #: _____ Operator #: _____ Operator Name: _____