



**FLORIDA
COMMERCE**
CREDIT UNION

Committed to you.

Member Account Number _____

- New Account New Sub Account Account Addition
 Account Name Change Account Name Deletion

How did you hear about us?

- 1-Newspaper 2-Radio 3-Referral 4-Direct Mail 5-TV
 6- Internet 7- Employer 8-Other _____

INDIVIDUAL MEMBER INFORMATION

(Please print or type in black ink.)

Primary Member Name _____ SSN (TIN) _____
 Birthdate _____ Driver's License No. _____ State _____ Home Phone _____
 Mailing Address _____ City _____ State _____ Zip _____
 Street Address _____ City _____ State _____ Zip _____
 Mother's Maiden Name _____ Employer _____ Business Phone _____
 Membership Eligibility _____ Name and Relationship of Eligible Relative _____
For Family Membership Only

JOINT OWNER INFORMATION

1. Name _____ SSN _____
 Birthdate _____ Driver's License No. _____ State _____
 2. Name _____ SSN _____
 Birthdate _____ Driver's License No. _____ State _____

SIGNATURES & CERTIFICATES

By signing below, the undersigned agree to the Credit Union bylaws and the terms and conditions of any approved account as amended from time to time and authorize the Credit Union to verify financial information, data, and employment history by any necessary means including obtaining a consumer report by any consumer reporting agency. The undersigned certify that information provided on the Application is true and correct and certify that I am within the field of membership of this credit union and agree that the terms on the Application apply to all accounts named in the Account Types below. Receipt is acknowledged for the Truth-in-Savings, Electronic Funds Transfer, Funds Availability and Account Disclosures. The Member certifies under penalties of perjury the statements in the Back-up Withholding Certification section.

Member Signature x _____
 Joint Owner Signature x _____
 Joint Owner Signature x _____

Backup Withholding Certifications

(1) The Taxpayer Identification Number (TIN) shown for the member above is my correct number and (2) 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 failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. IMPORTANT: If you have been notified by the IRS that you ARE subject to backup withholding, strike through part (2) of the above certification.

Check box only if applicable

- I am not a United States Citizen or Resident (Complete W-8 Form)

OWNERSHIP

- Individual
 Joint-WITH SURVIVORSHIP
 Designation of uniform transfers (of gifts) to minor you hold this account "as custodian for" (minor) _____ under the laws of the State of Florida. The minor is the owner of the account.
 Fiduciary (Guardianship/Estate Personal Rep)

ACCOUNT TYPES / SERVICE REQUESTED

- Share Account (00) Sub Share _____ Share Non-Person _____
 Checking Account: Free _____ Advantage _____ SmartStart Teen _____
 Business _____ Share Draft Non-Person _____
 VISA Debit/ATM/Check Card
 Money Market _____ IRA ID _____
 Share Certificate # _____ Term _____ Amount \$ _____
 Interest Payment Option:
 Added to principal By check Pay at maturity Pay to acct # _____
 Holiday Club Internet Home Banking: iBranch!
 Overdraft Protection Priority for Funds Transfer:
 1st Choice _____ 2nd Choice _____

DESIGNATION OF PAY-ON-DEATH BENEFICIARY (IES)

(Individual or Jointly Owned Accounts Only)

Name _____
 Address _____
 Address _____
 Name _____
 Address _____
 Address _____
 Name _____
 Address _____
 Address _____

Credit Union Use Only

Date Opened _____ Office _____
 ID: Driver's License Other _____
 ID# _____ Date Issued _____
 State _____ Ht _____ Sex _____ Exp Dt _____
 Opened & Approved by _____

Revised Date 1/06