

**SHARE DRAFT APPLICATION**

*Please Print*

**Primary Owner Information**

Full Name \_\_\_\_\_  
Last Name First Name Middle Initial

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone (Home) ( ) \_\_\_\_\_

Telephone (Work) ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Employer: \_\_\_\_\_

**Joint Owner Information (If applicable)**

Full Name \_\_\_\_\_  
Last Name First Name Middle Initial

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone (Home) ( ) \_\_\_\_\_

Telephone (Work) ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Employer: \_\_\_\_\_

**Check the boxes you are NOW applying for.**

Checking Account  
Regular Checking:  Standard  Class  Student

Minimum Balance Checking:  Premium  Elite

Ownership  Individual Acct.  Joint Acct.

ATM/VISA® Check Card

- Issue me an ATM/VISA® Check Card in my name only.
- Issue me and the Joint Owner ATM/VISA® Check Cards.

**IMPORTANT – READ BEFORE SIGNING:** I Certify under penalty of perjury that the Social Security Number or Employer’s Identification Number given on this membership application is my correct taxpayer identification number. I further certify that I am not subject to backup withholding under the provisions of section 3406 (a) (1) (C) of the Internal Revenue Code.

I/We agree to conform to ABCO Federal Credit Union By-Laws or any amendment thereof. I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Schedule, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and approved, I/We agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.

Your Signature: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Note: All signatures are required on joint accounts.**

WANT SHARE DRAFT OVERDRAFT PROTECTION?  
CALL – 1-800-225-1859

HOW ELSE CAN WE HELP?

We, at ABCO, want to provide you with all the financial services you need. Complete and return the form below in the enclosed envelope. For faster service, you may return this form by fax 609-871-9083 or call us at 1-800-225-1859. We’ll get back to you quickly with the information you requested.

**Information Request Form**

Please send me information about the following services:

- \_\_\_ Visa® Credit Card
- \_\_\_ Vehicle Loan
  - \_\_\_ New \_\_\_ Used
  - \_\_\_ Refinance an existing vehicle loan
- \_\_\_ First Mortgage
- \_\_\_ Refinance an Existing Mortgage
- \_\_\_ Home Equity
- \_\_\_ IRA Account Options
- \_\_\_ CDs & Investment Accounts
- \_\_\_ Student Loan
- \_\_\_ Holiday Club

Vacation Club  
 Other

Name \_\_\_\_\_

Member Number Or Social Security number \_\_\_\_\_

Address \_\_\_\_\_

Phone (daytime) \_\_\_\_\_

E-Mail \_\_\_\_\_

Cell Phone Number \_\_\_\_\_