



**Instructions: Application for Service**

Thank you for choosing Redstone Federal Credit Union. To process your Application for Service, please take the attached form to any [branch location](#), or mail to:

Redstone Federal Credit Union  
 Attn: eBranch  
 220 Wynn Drive  
 Huntsville, AL 35893

In order to process any requests/changes included in the form, please make sure you include the following when submitting to eBranch.

<i>Required for both changes to personal information and requests for new services.</i>		<i>Required for new services only.</i>
<input type="checkbox"/> Completed Application for Service form (attached).  Signature must be notarized or witnessed by an RFCU employee.	<input type="checkbox"/> A copy of a valid ID that contains a photo, signature and an ID number is required. Any one of the following forms of identification are acceptable: <ul style="list-style-type: none"> <li>• Driver's License</li> <li>• State Issued Non-Drivers ID</li> <li>• Passport</li> <li>• Permanent Resident Card</li> </ul>	<input type="checkbox"/> An initial deposit is required to open the account(s).  The minimum deposit to open a savings account is \$5.00. For minimum deposit amounts on Redstone checking accounts, please refer to the <a href="#">Checking Comparison Chart</a> .

Please see the [Account and Electronic Services Agreement](#) and the [Share Certificate Truth in Savings Disclosure Supplement](#) or [Member's Choice Certificate Truth in Savings Disclosure Supplement](#), along with the [Redstone Federal Credit Union Fee Schedule](#) and [Rates page](#) to review the disclosures applicable to your request prior to submitting the attached form.

All of these can be found on [www.redfcu.org](http://www.redfcu.org) » About Us » Account Agreements or [www.redfcu.org](http://www.redfcu.org) » Rates

Questions? Please call 256-837-6110 or 800-234-1234 for assistance.

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**You may keep the Instructions (page 1), please be sure to fill out both pages for the Application for Service and submit to Redstone Federal Credit Union.**

## Application for Service

I hereby request the following service(s) or change(s):

### New Service

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Share Account (Savings) _____ | <input type="checkbox"/> Easy Checking _____      | <input type="checkbox"/> Online Banking _____ |
| <input type="checkbox"/> You Name It Savings _____     | <input type="checkbox"/> Rewards Checking _____   | <input type="checkbox"/> Call 24 _____        |
| <input type="checkbox"/> Brighter Day Savings _____    | <input type="checkbox"/> SafeGuard Checking _____ | <input type="checkbox"/> eStatements _____    |
| <input type="checkbox"/> Money Market _____            | <input type="checkbox"/> Share Certificate _____  |   |
| <input type="checkbox"/> Christmas Club _____          | Term _____  |   |

### Change Service

- Name Change \_\_\_\_\_  
 Add Joint Owner \_\_\_\_\_  
 Other \_\_\_\_\_

### Change of Account Number

Old Acct # \_\_\_\_\_  
New Account # \_\_\_\_\_

### Account Owner's Information

Member Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_  
Name \_\_\_\_\_ SSN \_\_\_\_\_  
Identification \_\_\_\_\_ ID Issue Date \_\_\_\_\_ ID Expiration Date \_\_\_\_\_  
(type/place of issuance/number)  
Residential Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Member Eligibility \_\_\_\_\_

### Joint Owner's Information

Name \_\_\_\_\_ Email \_\_\_\_\_  
Identification \_\_\_\_\_ ID Issue Date \_\_\_\_\_ ID Expiration Date \_\_\_\_\_  
(type/place of issuance/number)  
Residential Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Phone Number \_\_\_\_\_  
Account Number(s) \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_  
Identification \_\_\_\_\_ ID Issue Date \_\_\_\_\_ ID Expiration Date \_\_\_\_\_  
(type/place of issuance/number)  
Residential Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Phone Number \_\_\_\_\_  
Account Number(s) \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_  
Identification \_\_\_\_\_ ID Issue Date \_\_\_\_\_ ID Expiration Date \_\_\_\_\_  
(type/place of issuance/number)  
Residential Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Phone Number \_\_\_\_\_  
Account Number(s) \_\_\_\_\_

I/We hereby make application for membership or the requested service(s), or requested change(s) be made to my/our account with Redstone Federal Credit Union (RFCU). I/We hereby certify that the information provided on the front and back of this form is true and correct to the best of my/our knowledge. I/We agree to conform to RFCU's bylaws and amendments, laws, policies and applicable regulations. By signing below, I/we hereby acknowledge and certify that I/we have received, understand and agree to be bound by the terms and conditions stated in the Account and Electronic Services Agreement or applicable Share Certificate Truth In Savings Disclosure Supplement and any subsequent changes or amendments to these Agreement/disclosures for the service(s) which I/we have requested and which are hereby incorporated by reference. A joint account is owned by the parties whose signature(s) appear below and/or who are added to the account(s) as joint tenants with right of survivorship. In considering your request for any services, RFCU may request reports from a consumer-reporting agency to prepare a Consumer Report on you. I/We hereby authorize RFCU to request such a Consumer Report. I/We understand that if services are denied, in whole or in part, because of any information contained in such a Consumer Report, I/we will be provided with additional information in compliance with the Fair Credit Reporting Act, as amended in 1996.

By giving us your telephone number, you are affirming that you have the right to provide consent for Redstone Federal Credit Union and any related affiliates/third parties to contact you on the mobile phone number, including a residential number. You agree to contact via automated telephone dialing (auto dialer), text messages or prerecorded or artificial messages for any reason, except marketing and understand your mobile provider may assess message or data rates. You may revoke this consent for calls (except calls made for emergency purposes) at any time by 1) sending written notification to: **Redstone Federal Credit Union, ATTN: Member Support Services, 220 Wynn Drive, Huntsville, Alabama 35893** 2) calling the credit union at **256-837-6110** or 3) emailing us at [info@redfcu.org](mailto:info@redfcu.org) 4) or by visiting a branch near you.

**Under penalties of perjury, I/we certify that I am a U.S. person (including a U.S. resident alien/permanent resident) and the number shown on this form is my correct taxpayer identification number.**  Yes  No

**I am subject to backup withholding.**  Yes  No

**If yes:**  
**I am subject to backup withholdings because either: a) I am a non-U.S. person, or b) I have been notified by the IRS that I am subject to backup withholdings.**  Yes  No

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

**ACCOUNT OWNER'S SIGNATURE MUST BE NOTARIZED IF NOT WITNESSED BY A REDSTONE FEDERAL CREDIT UNION EMPLOYEE.**

Signature of Account Owner _____	Date _____
Signature of Joint Owner _____	Date _____
Signature of Joint Owner _____	Date _____
Signature of Joint Owner _____	Date _____
Signature of RFCU Employee/Notary Public _____	Date _____

**Complete Section 1 and 2 for all new accounts.**

**Section 1 – Account Activity**

1. How are you funding your account today? (credit card, bank account, payroll check, etc.)  
\_\_\_\_\_
2. Do you often use wire transfers?  Yes  No
3. How many times a month do you make cash withdrawals? \_\_\_\_\_
4. Do you purchase Official Checks, Money Orders, Reloadable Debit/Travel Cards or Gift Cards regularly?  Yes  No

**Section 2 – Foreign Senior Political Affiliation**

Have you, the joint owner, family member or close associate ever served as a non-U.S. senior political official?  Yes  No

**If yes, please specify official's name, relationship to you, position held and foreign government with which associated.**

Political Official's Name \_\_\_\_\_ Country \_\_\_\_\_

Current or Former Position \_\_\_\_\_

Relationship to Member  Self  Immediate Family Member  Close Associate  Joint Owner

**For Office Use Only**

Signature of Membership Officer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Processing Employee \_\_\_\_\_ Branch \_\_\_\_\_