



300 S. Plumosa Street
 Merritt Island, FL 32952
 Phone: 321-455-9400
 Outside Brevard: 800-662-5257
 Web Address: www.kscfcu.org



Referred by:

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/OWNER INFORMATION			
Member No.	Check Digit:	Designate the ownership of the accounts and responsibility for the services requested. <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Survivorship	
Member/Owner Name:		SSN/TIN:	Date of Birth:
Physical Address:		ID Type:	
City/State/Zip:		ID Number:	
Mailing Address:		ID Issuing State:	ID Expire Date:
City/State/Zip:		Other ID:	
Home Phone:		Mother's Maiden Name:	
Work Phone:	Cell Phone:	Membership Eligibility:	
E-Mail Address:			
Employer:		Position/Title:	How Long:
Reference Name:		Relationship:	
Address:		Home Phone:	

ELECTION OF SHARE OR DEPOSIT 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.

Account Type/Suffix #* <input type="checkbox"/> Savings <input type="checkbox"/> Checking (elect one below) <input type="checkbox"/> Classic Checking <input type="checkbox"/> Elite Checking <input type="checkbox"/> Other _____	Account Services <input type="checkbox"/> Payroll Deduction/Direct Deposit <input type="checkbox"/> VoiceTouch24 <input type="checkbox"/> ATM Card <input type="checkbox"/> Personal Credit Union (PCU) <input type="checkbox"/> E-Statement <input type="checkbox"/> VISA Check Card <input type="checkbox"/> Accidental Death <input type="checkbox"/> Other _____	<input type="checkbox"/> Overdraft Transfer \$50.00 Increments _____ Member's (Initials)
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ACCOUNT OWNERSHIP - Please complete this section if you request joint owners on your accounts

Joint Owner Name (1):		SSN/TIN:	Date of Birth:
Street:		ID Type:	
City/State/Zip:		ID Number:	
Home Phone:		ID Issuing State:	ID Expire Date:
Work Phone:	Cell Phone:	Other ID:	
E-mail Address:		Mother's Maiden Name:	
Employer:		Position/Title:	How Long:
Reference Name:		Relationship:	
Address:		Home Phone:	
Joint Owner Name (2):		SSN/TIN:	Date of Birth:
Street:		ID Type:	
City/State/Zip:		ID Number:	
Home Phone:		ID Issuing State:	ID Expire Date:
Work Phone:	Cell Phone:	Other ID:	
E-mail Address:		Mother's Maiden Name:	
Employer:		Position/Title:	How Long:
Reference Name:		Relationship:	
Address:		Home Phone:	

ACCOUNT DESIGNATIONS - Please complete the separate "Pay on Death Account Card"

<input type="checkbox"/> Other:	<input type="checkbox"/> See Account Authorization Card
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