Mail completed application, your initial \$5 deposit, and two (2) forms of identification to: MidWest America FCU, Attn: Call Center, 1104 Medical Park Dr, Fort Wayne, IN 46825-5826



MEMBERSHIP APPLICATION FORM

NOTE: Federal Law requires us to collect and verify your name, address, Social Security Number and birth date.

Please send a copy of two (2) forms of qualifying identification: Driver's License, S.S. card, Passport, Work ID, State ID, or School ID

	MEMBER INFORMATION		Account #		Approval Code	
Last Name			First Name		M.I	
Street Address requi	red	City		_ State	Zip	
Mailing Address if dif	ferent	City		State	Zip	
Home Phone		Cell Phone		Email Address		
Date of Birth	Soc. S	Sec #/TIN				
Employer		Occupation		Work Phone _		
Membership Eligibilit	у					
I request the follo ☐ Share/Savings ☐ Liquid Gold	wing accounts/service ☐ Kids Club Savings ☐ U Name It Savings	Benefits Plus® Checking ————————————————————————————————————	☐ Freedom Checking	☐ Reward Check	ing □ VISA Debit Card	
	BACK	UP WITHHOLDI	NG CERTIF	CATION		
		SHARE DRAFT	AGREEMEI	T		
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Date _

Approved and consented to: _

Last Name					Approval Code	
			First Name		M.I	
Street Address required		City		State	Zip	
Home Phone		Email Address		Cell Phone		
Date of Birth	Soc. S	Sec #/TIN				
Employer		Occupation	Work Phone			
Joint owner has a	access to the following:					
☐ Share/Savings ☐ Liquid Gold	☐ Kids Club Savings ☐ U Name It Savings	☐ Benefits Plus® Checking	☐ Freedom Checking	☐ Reward Checking	□ VISA Debit Card	
Add Join	t Owner #2 (Please	send a copy of two (2) forms of qualif	ying identification: Driver's Lic		t, Work ID, State ID, or School ID)	
Last Name			First Name			
		City				
Home Phone		Email Address		Cell Phone		
Date of Birth	Soc. S	Sec #/TIN				
Employer		Occupation		Work Phone		
Joint owner has a	access to the following:					
☐ Share/Savings ☐ Liquid Gold	☐ Kids Club Savings ☐ U Name It Savings	☐ Benefits Plus® Checking	☐ Freedom Checking	☐ Reward Checking	□ VISA Debit Card	
	JOINT O	WNER AGREEMEN	T (NOT TRAN	SFERABLE)		
business for this accu- hereafter paid in on jointly, with right of su discharge said credit union from time to tir union. The right or a	ount. The joint owners of this a shares by any or all of said jo urvivorship and be subject to the union from any liability for suc ne. Any or all of said joint owne uthority of the credit union und	authorized to recognize any of the count hereby agree with each of count hereby agree with each of the withdrawal or receipt of any of the payment. The joint owners alsers may pledge all or any part of the this agreement shall not be chall theretofore made. I certify that the	her and with said credit ur i joint owners with all acc them, and payment to any o agree to the terms and he shares in this account anged or terminated by s	nion that all sums now umulations thereon, and of them or the survivo conditions of the acco as collateral security to aid owners, or any of the	paid on shares, or heretofore of re and shall be owned by them or or survivors shall be valid and ount as established by the credi o a loan or loans from the credi them except by written notice to	
Joint Owner #1 Signature x				Date:		
Joint Owner #2 Signature x				Date:		