



Sharefax Credit Union, Inc.
604 Ivy Gateway • Cincinnati, Ohio 45245
(513) 753-2440 • www.sharefax.org

PLEASE COMPLETE A CARD FOR EACH BORROWER

Eligibility Code _____ **Membership #** _____ **Loan #** _____

Ownership Type: ☐ **Primary Membership** ☐ **Joint Member/Co-Owner (on Title)** ☐ **Joint/Co-Borrower**

MEMBERSHIP APPLICATION

Important information about procedures for opening a new account: To help the 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 who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

First Name		Middle Initial	Last Name		PASSWORD
Home Address City, State Zip		Driver's License Number/State		Date of Birth	Social Security Number
		Home Phone (include area code)		Cell Phone <input type="checkbox"/> Is Primary?	Business Phone
Mailing Address (if different from above Address)				Email Address	
Mailing City		Mailing State	Mailing Zip	Employer	
				Occupation	
Field of Membership Eligibility (Company or Community affiliation)					

MEMBER APPLICATION

By signing this application, I hereby apply for membership in and agree to conform to the bylaws and any amendments made by SHAREFAX CREDIT UNION. I also agree to the Fee Schedule, Truth-in-Savings Act, terms and conditions of any account that I have with the credit union now and into the future and that the credit union may change those terms and conditions from time to time. I understand and agree that the Patriot Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirement of the Bank Secrecy Act, as amended from time to time. I hereby authorize Sharefax Credit Union the right to pull my credit from the credit bureau. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED. Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that 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 a failure to report all interest and dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

☐ I would like my membership documents (including membership agreement, fee schedule privacy statement, truth in savings agreement) mailed to me.

X _____
Signature Date

FOR CREDIT UNION USE ONLY

Branch: _____ **MSR:** _____ **Audited by:** _____ **Date:** _____

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