

MEMBER ACCOUNT AGREEMENT
New Pilgrim Federal Credit Union
708 Goldwire Place, Southwest
P. O. Box 19386
Birmingham, AL 35219

For CU Use: Account Number: _____

Account Owner Name: _____ Date _____
Address _____

Ownership of Account: The ownership specified on this agreement will remain the same for all accounts listed on this agreement.

- Individual Joint with survivorship Joint No survivorship

Account Type: Share/Savings Christmas Club Share Draft/Checking
 Money Market Certificate of Deposits Debit Card

Date Opened _____ Opened by: _____

Initial Amount: _____ Cash Check

Member Qualification: New Pilgrim Baptist Church Daycare Employee Towers Employee
 Towers Resident Member Relative Member _____

Name & Address of someone who will always know your residence:

Name: _____ Address _____

Phone _____

By signing below the undersigned agree to the by-laws of the New Pilgrim Federal Credit Union and applicable terms and conditions as amended from time to time, and authorize the Credit Union to verify credit and employment history by any necessary means. The undersigned certify that the information provided on this agreement is true and correct and that the terms and conditions apply to all accounts listed.

Signatures: Number of signatures required for withdrawal: _____

1. _____

2. _____

3. _____

4. _____

AGENTS: The individual signing above in box ___ is signing as:

- Power of Attorney Parent/Guardian Successor Custodian of a UGMA account Authorized Signer

Taxpayer I.D. Number _____ Beneficiary (If individual account) _____

Member Information	Member 1	Member 2
Member Name		
Social Security Number		
Street Address		
City, State, Zip		
Home Telephone Number		
Work Telephone Number		
Employer		
Employer Address		
Length of Employment		
Date of Birth		
City State of Birth		
Mother's Maiden Name		
Driver's License Number		
Relationship to Member		

Member Information	Member 3	Member 4
Member Name		
Social Security Number		
Street Address		
City, State, Zip		
Home Telephone Number		
Work Telephone Number		
Employer		
Employer Address		
Length of Employment		
Date of Birth		
City State of Birth		
Mother's Maiden Name		
Driver's License Number		
Relationship to Member		