



Account # _____
 Branch Code: _____
 Date Enrolled: _____
 CU Rep: _____

ACCOUNT APPLICATION

Title of Account

Business Address

City, State Zip

Taxpayer Identification Number

() _____ - _____ **Business Phone**

Documentation Required

Sole Proprietorship (TYPE 46)	
<input type="checkbox"/>	Fictitious Name Statement
<input type="checkbox"/>	Business License
<input type="checkbox"/>	Tax Identification No. or SSN
<input type="checkbox"/>	Business Account Signature Card
Fiduciary (TYPE 45)	
<input type="checkbox"/>	Trust Documents =Revocable Trust
<input type="checkbox"/>	Letters of Testamentary & Death Certificate =Estate
<input type="checkbox"/>	Court Letters & Order =Guardianship
<input type="checkbox"/>	Fiduciary Account Signature Card
Corporation (TYPE 48)	
<input type="checkbox"/>	Board Resolution
<input type="checkbox"/>	Articles of Incorporation
<input type="checkbox"/>	Business License
<input type="checkbox"/>	Tax Identification No.
<input type="checkbox"/>	Business Account Signature Card
Unincorporated Association/Organization (TYPE 48)	
<input type="checkbox"/>	Meeting Minutes
<input type="checkbox"/>	Tax Identification No.
<input type="checkbox"/>	Business Account Signature Card

Corporation / Organization

How many signatures required for Withdrawal?

- ONE signature
 TWO signatures

Organization Officers:

_____ Name of Authorized User #1	_____ Title
_____ Name of Authorized User #2	_____ Title
_____ Name of Authorized User #3	_____ Title

AUTHORIZED SIGNER ONE

What title do you hold on this account?
 i.e. owner, executor, treasurer etc.

Your Title

Last Name, First Name MI

Street Address Apt No. _____

City, State Zip How long? _____

Date of Birth ____ / ____ / 19____

Social Sec No. ____ / ____ / ____

CALIF Dr Lic No. or CALIF ID Card No.

() _____ - _____ **Home Phone**

() _____ - _____ **Pager/Cell**

() _____ - _____ **Work Phone**

Employer Name

Street Address Occupation _____

City, State Zip How long w/employer? _____

RELATIVE WHO WILL ALWAYS KNOW YOUR WHEREABOUTS

Last Name, First Name MI

Street Address Home Phone _____

City, State Zip How Related? _____

X _____

Primary Authorized Signature

Copy of Current CALIF ID

Your RFCU Account# _____

Account # _____
Branch Code: _____
Date Enrolled: _____
CU Rep: _____

ACCOUNT APPLICATION

AUTHORIZED SIGNER TWO

What title do you hold on this account?
i.e. owner, executor, treasurer etc.

Your Title

Last Name, First Name MI

Street Address Apt No.

City, State Zip How long?

Date of Birth / / 19

Social Sec No. / /

CALIF Dr Lic No. or CALIF ID Card No.

() _____ - _____ Home Phone

() _____ - _____ Pager/Cell

() _____ - _____ Work Phone

Employer Name

Street Address Occupation

City, State Zip How long w/employer?

RELATIVE WHO WILL ALWAYS KNOW YOUR WHEREABOUTS

Last Name, First Name MI

Street Address Home Phone

City, State Zip How Related?

X _____

Primary Authorized Signature

[] Copy of Current CALIF ID

Your RFCU Account# _____

AUTHORIZED SIGNER THREE

What title do you hold on this account?
i.e. owner, executor, treasurer etc.

Your Title

Last Name, First Name MI

Street Address Apt No.

City, State Zip How long?

Date of Birth / / 19

Social Sec No. / /

CALIF Dr Lic No. or CALIF ID Card No.

() _____ - _____ Home Phone

() _____ - _____ Pager/Cell

() _____ - _____ Work Phone

Employer Name

Street Address Occupation

City, State Zip How long w/employer?

RELATIVE WHO WILL ALWAYS KNOW YOUR WHEREABOUTS

Last Name, First Name MI

Street Address Home Phone

City, State Zip How Related?

X _____

Primary Authorized Signature

[] Copy of Current CALIF ID

Your RFCU Account# _____