



## Your FREE Employee BENEFIT

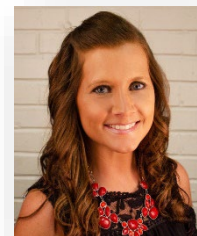
**COMPARE** us with other financial institutions, and you'll discover the value when you use Telcoe Federal Credit Union as your financial partner. Since 1950, we've been offering our members the world class products they deserve while keeping the home-town banking experience alive.

Here are some of the many products and services we offer:

A stack of US dollar bills, including \$100 and \$20 bills, is shown in a blue-tinted, semi-transparent style. The bills are fanned out, with some floating in the air above the stack.

**How can  
Telcoe help  
YOU?**

- Savings accounts
- Checking accounts
- Vehicle Loans
- Home Loans
- Personal Loans
- Retirement Planning
- Life Insurance
- Discounts for Members on Home & Auto Insurance
- Free MOBILE with Mobile Deposit



**Join online, in a branch, or by mail. Contact Amanda McCarty today.**

501-375-5321

1-800-482-9009

[www.telcoe.com](http://www.telcoe.com)

[amanda@telcoe.com](mailto:amanda@telcoe.com)



1. COMPLETE THE MEMBERSHIP APPLICATION BELOW
2. LIST A BENEFICIARY (WHO YOU WANT YOUR FUNDS TO GO TO IN THE EVENT OF YOUR DEATH)
3. SIGN YOUR NAME BY THE X
4. RETURN WITH A COPY OF YOUR DRIVERS LICENSE
5. INCLUDE A CHECK FOR \$10 OR MORE IN THE ENVELOPE
6. MAIL TO: TELCOE FEDERAL CU PO BOX 34200 LITTLE ROCK AR 72203

**Payroll Allotment Authorization For Remittance to Telcoe Federal Credit Union**  
P.O. Box 34200 Little Rock, AR 72203-4200

Company Name \_\_\_\_\_ Payroll Group # \_\_\_\_\_

Last Name                      First Name                      Initial                      Social Security #

I hereby authorize payroll to allot from my pay or benefits and remit same to Telcoe Federal Credit Union. The Company, its Officers and Employees assume no responsibility, legal, financial or otherwise, except that of making the deductions authorized by the employee and remitting the amounts deducted to Telcoe Federal Credit Union. Deductions authorized must be a minimum of \$1.00

Date \_\_\_\_\_ Signature of Employee \_\_\_\_\_  
Processed by Company Payroll Office \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_  
Acceptance by Telcoe FCU \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_

Check (✓) One:

New	Change	Cancel
X		

Account # \_\_\_\_\_  
Transit Routing No. 282075523

Amount Per Pay Period \$ \_\_\_\_\_

Date of First Allotment **ASAP**

Name \_\_\_\_\_  
SSN# \_\_\_\_\_  
Account # \_\_\_\_\_  
Payroll Gp # \_\_\_\_\_

Savings \_\_\_\_\_ \$  
Checking \_\_\_\_\_ \$  
Christmas Club \_\_\_\_\_ \$  
Vacation Club \_\_\_\_\_ \$  
Loan \_\_\_\_\_ \$  
Loan \_\_\_\_\_ \$  
Loan \_\_\_\_\_ \$  
Other \_\_\_\_\_ \$  
Other \_\_\_\_\_ \$  
Other \_\_\_\_\_ \$

(For Telcoe FCU only)  
Processed by/Date \_\_\_\_\_

**4. OWNERSHIP OF ACCOUNT**

Select one ownership type, and, if applicable, include a beneficiary designation. The ownership type and beneficiary designation specified on this document will remain the same for all accounts.

1.  Individual
2.  Joint with Survivorship
3.  Member as Custodian for Minor under the Arkansas Uniform Transfers to Minors Act (UTMA)

**Beneficiary:** (Place name and address of the beneficiary below.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BACKUP WITHHOLDING CERTIFICATION**

I certify under penalty of perjury that (1) the taxpayer identification number (TIN) provided in Section 1 (your Social Security Number) above is my correct TIN, and I am not subject to backup withholding either because (a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding, and (2) I am a U.S. person (including a U.S. resident alien).

By signing below, the undersigned agree(s) to the Credit Union by-laws and the terms and conditions of any approved account, as amended from time to time, and authorize(s) the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency on the undersigned, as individuals. The undersigned certify(ies) that the information provided on this application is true and correct and that the terms on this application apply to all listed accounts. The undersigned acknowledge(s) receipt of a copy of the terms and conditions applicable to each listed account and the following policy disclosures:

- Funds Availability
- Truth-In-Savings
- Electronic Fund Transfers
- Privacy

X

Member Signature

Joint Owner Signature

**PAYROLL DEDUCTION and DIRECT DEPOSIT**

If you would like to begin payroll deduction and/or direct deposit, please check the box(es) below, and we'll send you the required form(s).

- Direct Deposit       Payroll Deduction
- Enroll for FREE e-statements and receive an e-mail when your Telcoe statement is ready for viewing or printing. Just make sure we have your correct e-mail address!

<b>TFCU USE ONLY</b>	
Member Account Number	Exp. Date
ID Type	Issue Date
Initial	
<b>OFAC</b> ✓	

Account # \_\_\_\_\_ Name \_\_\_\_\_

**TFCU USE ONLY**

**Apply for Membership... and Let Your Family Join Too!**  
*It's a five-minute investment in their financial future.*

The information you provide is the first step to credit union membership for you and your family and access to lower cost loans and higher dividends on savings. Plus, once you're a member, you're always a member...even if you retire, change jobs, or move from one state to another.

Complete Sections 1 through 4, and we can start to build your membership file. If you'd like a joint owner to have access to your account, complete Section 3 and check the appropriate box in Section 4 (on other side).

**1. PRIMARY MEMBER**

As the Primary Member, you open the world of credit union membership to yourself, your spouse, and your immediate family. Fill in your information here, along with the information requested in Section 2. Please print plainly.

SS NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST/ZIP: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

DOB: \_\_\_\_\_ CELL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NUMBER/STATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Please complete Section 2 so we can verify that you qualify for membership at Telcoe Federal Credit Union. This is your place of employment, or a family member that is sponsoring you for membership.

**2. ELIGIBILITY FOR MEMBERSHIP:**

(Employer, family member, city/zip code in which you work, live, worship or go to school)

**3. JOINT OWNER WITH PRIMARY MEMBER**

If you would like for an immediate family member (like a spouse, child, or parent) to have access to your account, complete section 3.

- CHECK IF ADDRESS IS SAME AS PRIMARY MEMBER

SS NUMBER: \_\_\_\_\_

JOINT OWNER NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER/STATE: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS IF DIFFERENT FROM PRIMARY MEMBER: \_\_\_\_\_

**Make sure you've completed both sides of this form and enclosed a check to open your account.**

You can open your account with as much as you like, but the minimum is \$5.00, plus a one-time \$5.00 membership fee (minimum required to open a new account is \$10.00).

**Place this form, your check for at least \$10.00, and a copy of your driver's license or government photo I.D. in an envelope and mail to:**

Telcoe Federal Credit Union, P.O. Box 34200, Little Rock, AR 72203

Please include a copy of your AR drivers license.