



BRENTWOOD BAPTIST CHURCH
FEDERAL CREDIT UNION
 P O Box 450206
 Houston, Texas 77245-0206

Application for Membership

ELIGIBILITY: Please check one of the following:

Member of Brentwood

Family Member

Relative's Full Name _____

Member # (BBCFCU use only) _____

PRIMARY APPLICANT: Name _____

Address _____
 Last First Middle

City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ Birth Date _____

Employer _____

Home Phone (_____) _____ Work Phone (_____) _____

Driver's License _____ State _____

Mother's Maiden Name _____

JOINT APPLICANT: Name _____

Address _____
 Last First Middle

City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ Birth Date _____

Employer _____

Home Phone (_____) _____ Work Phone (_____) _____

Driver's License _____ State _____

PLEASE CHECK SERVICES BEING REQUESTED AT THIS TIME:

Primary Saving (required for membership)

Kids and the Money

Club Account

By completing and signing the application below, you are giving BBCFCU the authority to open a SAVINGS account along with other requested services. (Further information may be required). Please note that loan requests require an additional application. (Instruction to Signer: If you have notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below.)

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING:

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 as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

Signature _____ Signature _____
 Date Date

Signature _____ Signature _____
 Date Date

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit

Other _____

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested

Single Party

Multiple Party with Survivorship X _____

Multiple Party without Survivorship X _____

Joint Owner _____ SSN/TIN _____

Street _____ Driver's Lic. No. _____

City/State/Zip _____ Date of Birth _____

Phone Home () _____ Work () _____ Mother's Maiden Name _____

Joint Owner _____ SSN/TIN _____

Street _____ Driver's Lic. No. _____

City/State/Zip _____ Date of Birth _____

Phone Home () _____ Work () _____ Mother's Maiden Name _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

All accounts

Designate Specific account(s)

Beneficiary _____ Beneficiary _____

Street _____ Street _____

City/State/Zip _____ City/State/Zip _____

TUTMA (as custodian for _____ (minor) under the

Texas Uniform Transfers to Minors Act) Minor's SSN/TIN _____

Convenience Account Name of Convenience person _____

All Accounts Designate specific accounts _____