



MEMBER INFORMATION WORKSHEET

SPOKANE FIREFIGHTERS CREDIT UNION

2002 North Atlantic, Spokane, WA 99205

P: (509) 484-5650 F: (509) 487-6567

www.firecu.net

Office Use Only:
Account #
Household#

Member Social Security: _____ Date: _____

Account Type:

- Share / Savings
- Sub Shares / Savings
- Draft / Checking
- IRA
- IRA Share Certificate
- Share Certificate

Account Ownership Information:

- Individual Account
- Joint Account with Right of Survivorship
- Other: _____
- Updating Account / Reason: _____

Credit Authorization for Draft / Checking: _____
Name Date

Member Name: _____
First Middle Last

Birthdate: _____ Driver's License: _____
Month Day Year Number State

Address: _____
City State Zip

Phone: _____
Home Cell Work

Mother's Maiden Name: _____ Phone Code Word: _____

Email Address: _____ Employer: _____

REASON FOR ELIGIBILITY MEMBERSHIP: _____ Position: _____

Original Member: _____ Relationship: _____

Fire Department: _____

Account Services:

Additional Services:

- Debit Card > Circle: Opt In / Opt Out
- Payroll Deduction / Direct Deposit
- E-Statements / E-Alerts / E-Notices
- Online Banking / Bill Pay
- Order Checks
- Courtesy Pay
- Over Draft Protection
- See / Jump Accounts Online
- Debit Card Round Up:

- VISA Credit Card
- Vehicle Loan
- Recreational Vehicle Loan
- Home Mortgage
- Home Equity Line of Credit
- Investment Planning

Joint Account Owner Social Security Number: _____

Employer: _____ **Position:** _____

Member Name: _____ **Phone:** _____
First Middle Last

Birthdate: _____ **Driver's License:** _____
Month Day Year Number State

Address: _____
City State Zip

Email Address: _____ **Mother's Maiden Name:** _____

Credit Authorization for Draft / Checking: _____
Name Date

Joint Account Owner Social Security Number: _____

Employer: _____ **Position:** _____

Member Name: _____ **Phone:** _____
First Middle Last

Birthdate: _____ **Driver's License:** _____
Month Day Year Number State

Address: _____
City State Zip

Email Address: _____ **Mother's Maiden Name:** _____

Credit Authorization for Draft / Checking: _____
Name Date