



**Please Provide the Following Information**  
For Details or Assistance, call (202) 224-2967 or 1-(800) 374-2758.

**Membership Information**

You would like to :  Open a New Deposit Account  
 Change information on an existing account (doing so supercedes any other information on file for this account)

Name (Last / First / MI) Please Print	Member Number	Home E-Mail Address
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**Checking Account Options**

<p><b>Choose your Checking Account and Overdraft Protection:</b></p> <p><input type="checkbox"/> <b>Senate Checking Account / Senate Check Card</b> Checking with no annual fees, no check limits and no minimum balance. Free USSFCU ATM withdrawals. No credit union fee for up to four non-USSFCU ATM withdrawals per month (\$1.00 each thereafter). One free box of Senate style checks (150) per year.</p> <p><input type="checkbox"/> <b>Gold Source Checking Account / Gold Check Card</b> Premium checking earns dividends (for all balances) and rebates for Gold Card purchases, along with all the benefits of VISA Gold. No credit union ATM fees. One free box of Gold Style checks (150) per year.</p> <p><input type="checkbox"/> <b>EasyLine Overdraft Protection (applies to either checking option).</b> Overdraft protection with no annual fee.</p>	<p><b>Opening Balance:</b> \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed</p> <p><b>Opening Balance: (\$1,000 minimum)</b> \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed</p> <p><b>Amount Requested \$</b> _____ (\$100 minimum - \$500 maximum)</p>	<p><b>Please tell us how you would like to have your checks printed:</b> <input type="checkbox"/> Order checks Starting Number on checks: _____ (default = 101) <input type="checkbox"/> Joint Owner #1 Name on Checks <input type="checkbox"/> Joint Owner #2 Name on Checks <input type="checkbox"/> Print Home Phone Number on Checks <input type="checkbox"/> Print Social Security Number _____-_____-_____</p> <p><b>Please let us know whether you wish to have ATM / Debit Card access to your account:</b> <input type="checkbox"/> Check Card for Yourself <input type="checkbox"/> Check Card for Joint Owner #1 <input type="checkbox"/> Check Card for Joint Owner #2</p>
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**Savings Account**

<p><b>Opening Balance</b> \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed.</p>	<p><input type="checkbox"/> Additional Savings Account <input type="checkbox"/> Holiday Savings Account <input type="checkbox"/> Youth Savings Account</p>
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**Money Market Account**

<p><b>Opening Balance (\$2,000 opening balance required)</b> \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed.</p>	<p><input type="checkbox"/> Order checks Starting Number on checks: _____ (default = 6001) <input type="checkbox"/> Joint Owner #1 Name on Checks <input type="checkbox"/> Joint Owner #2 Name on Checks</p>
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**Senate Smart Certificates**

<p><b>Opening Balance (\$1,000 minimum)</b> \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed.</p>	<p><b>Type of Account:</b> <input type="checkbox"/> 3-6 month <input type="checkbox"/> 36-48 month <input type="checkbox"/> 6-12 month <input type="checkbox"/> 48-60 month <input type="checkbox"/> 12-24 month <input type="checkbox"/> 60 month <input type="checkbox"/> 24-36 month <input type="checkbox"/> Savings</p>	<p><b>Credit dividends to:</b> <input type="checkbox"/> Checking a/c _____ <input type="checkbox"/> Savings a/c _____ <input type="checkbox"/> Certificate (compounds)</p>
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**Individual Retirement Account (IRA) (Traditional and Roth)**

<p><b>To open an IRA, fill out this section, and:</b> ► Call 202.224.2967 or 800.374-2758 or visit a branch and speak with an MSO ► For a Traditional IRA, fill out Form CUC 2300 ► For a Roth IRA, fill out Form CUC 2400R-C</p>	<p><b>To Contribute to a New or Existing IRA, fill out this section, and:</b> ► For a Traditional IRA, fill out Form 2315 ► For a Roth IRA, fill out Form 2415R</p>	<p>► To Transfer Funds from an existing IRA, fill out this section and complete form 2325. ► If you wish to make a direct rollover from a qualified retirement plan other than an IRA, or, if you wish to discuss SEP options, please call 800.374.2758 and ask for the IRA Department.</p>
<p><b>Opening Balance (Savings = \$5, Certificates = \$1,000 minimum)</b> \$ _____ transfer from USSFCU account # _____ \$ _____ check enclosed.</p>	<p><b>Type of Account:</b> <input type="checkbox"/> 3-6 month <input type="checkbox"/> 36-48 month <input type="checkbox"/> 6-12 month <input type="checkbox"/> 48-60 month <input type="checkbox"/> 12-24 month <input type="checkbox"/> 60 month <input type="checkbox"/> 24-36 month <input type="checkbox"/> Savings</p>	<p><b>What type of IRA:</b> <input type="checkbox"/> Traditional <input type="checkbox"/> Roth</p>

**Signatures**

Your Signature	Date	For Credit Use Only:
Joint Owner #1 Signature	Date	Entered By:
Joint Owner #2 Signature	Date	Date: