

Member Services
United States Senate FCU
2750 Eisenhower Avenue
Alexandria, VA 22314

Date: _____

Dear Member Services:

Please establish a Senate Office Account for the office of Senator _____

Select One:

The Senator's Social Security Number is: _____

The Senate Office Tax Identification Number is: _____

In addition to the primary savings account which will be (Select one):

Interest Bearing

Non-Interest Bearing

The Office account will also have a(n) (select all that apply):

Interest Bearing Savings Account

Non-Interest Bearing Savings Account

Checking Account

The following individuals will be the authorized signers for this account. Any one of these may conduct business on this account. If noted, the Authorized Signer will be issued a check card.

Name	Signature	Issue Check Card?

Yours truly,

Senator _____

_____, Office Manager

FOR USSFCU USE ONLY
ACCOUNT NUMBER _____